

NEW ZEALAND SCHOOL OF DANCE

Kia kōrero te katoa
o te tinana

DECLARATION

I declare that all information contained in the application, medical and orthopaedic forms is complete and accurate.

I understand and agree that any misrepresentation or omission of facts will justify a denial or cancellation of admission.

Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(if applicant is under the age of 18 years)