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 Charity Registered in England and Wales No. 312826

Approved Examination Centre Entry Form (AEC1)

Total Examining Hours (excl. breaks): \_\_\_\_\_

Receipt No

Preferred Dates: \_\_\_\_\_

Impossible Dates: \_\_\_\_\_

Part A - Registered School Information					Part E - Fees		Examinations			Demonstration/ Presentation Classes/ Class Awards			Solo Performance Awards (from Jan 2013 onwards)				
Name of School:							Code	No.	Fee	Total	No.	Fee	Total	No.	Fee	Total	
School ID:																	
Email:				Tel:													
Part B - Examination Location Information																	
Name and Address of Examination Studio (AEC)					Demonstration Class L1/2	DC											
					Pre-Primary in Dance	PPID											
					Primary in Dance	PID											
					Grade 1	G1											
					Grade 2	G2											
Postal Code:					Grade 3	G3											
Exam Day Contact Tel:					Grade 4	G4											
Grade 5					G5												
Grade 6					G6												
Grade 7					G7												
Grade 8					G8												
Intermediate Foundation					IF												
Intermediate					I												
Additional Fees																	
Total Fees					(a)	(b)	(c)	(d)	(e)	(f)							
Part D - Applicant Details					Grand Total Fees (b) and (d) and (f)												
Name of Applicant:																	
Membership ID (if applicable):					Part F - Method of Payment												
Please identify yourself as one of the following (tick one only): School Principal <input type="checkbox"/> Teacher 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> School Administrator <input type="checkbox"/>					<input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card												
Address for Correspondence:					Credit Card #:						Expiry Date:						
					Cardholder Name:						Cardholder Signature:						
					Part G - Signature of Applicant												
					This form must be submitted by the Applicant as identified in Part D. The Applicant must sign and date the form below. Failure to do so will result in the entry being returned.												
Postal Code:					Name:												
Tel:				Fax:													
Email:					Signature:						Date:						