

# ROYAL ACADEMY OF DANCE

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 E-mail graded@radcanada.org

## Graded Examinations, Presentation Classes, Class Awards and Demonstration Class Entry Form

OFFICE USE ONLY Receipt No

Total Examining Hours \_\_\_\_\_

Part A — School Information				Part D — Fees			
Name of Principal				Examinations		Demonstration/Presentation Classes/Class Awards	
Name of School				Code	#	Fee	Total
School ID				DC	PP	PPID	PPID
School Address				Pre-Primary in Dance	PPID	P	PID
Postal Code				Primary in Dance	PID	G1	G2
Website				Grade 1	G1	G2	G3
Tel (Studio)		Cell # (Teacher 1)		Grade 2	G2	G3	G4
				Grade 3	G3	G4	G5
				Grade 4	G4	G5	G6
				Grade 5	G5	G6	G7
				Grade 6	G6	G7	G8
				Grade 7	G7	G8	TOTAL FEES
				Grade 8 Award	G8	(a)	(b)
				<b>SPECIAL SURCHARGE</b>	(a)	(b)	(c)
				<b>GRAND TOTAL FEES (b) and (d)</b>	(a)	(b)	(d)
				Preferred Dates & Days of the week:			
				Impossible Dates (Give Reasons):			
				<b>PAYMENT METHOD:</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card			
				Credit Card #:			
				Expiry Date:			
				Cardholder:			
				Cardholder Signature:			
<b>Part C — Registered Teachers Details</b> Tel (Studio) _____ Exam day Contact Tel _____ Name _____ Membership # _____ Teacher 1 _____ Name _____ Signature _____ Teacher 2 _____ Teacher 3 _____ Teacher 4 _____ Teacher 5 _____ Teacher 6 _____				This form must be signed and dated by the Principal and/of Teacher (1) (if different) as the person agreeing to the conditions of entry as set out in the <i>Hand Book and or Specifications for Graded Examinations, Presentation Classes, Class Award and Demonstration Class</i> and confirming that the examination centre conforms with the minimum standards and health and safety requirements. Failure to sign will assume acceptance.			
<b>Part B — Examination Studio Address (if different from above)</b> Examination Studio ID _____ Examination Studio Name _____ Examination Studio Address _____ Website _____ Email _____				Postal Code _____ Website _____ Cell # (Teacher 1) _____			
<b>Part A — School Information</b> Name of Principal _____ Name of School _____ School ID _____ School Address _____ Postal Code _____ Website _____ Tel (Studio) _____ Cell # (Teacher 1) _____ <b>Part B — Examination Studio Address (if different from above)</b> Examination Studio ID _____ Examination Studio Name _____ Examination Studio Address _____ Website _____ Email _____				Postal Code _____ Website _____ Cell # (Teacher 1) _____			
<b>Part C — Registered Teachers Details</b> Tel (Studio) _____ Exam day Contact Tel _____ Name _____ Membership # _____ Teacher 1 _____ Name _____ Signature _____ Teacher 2 _____ Teacher 3 _____ Teacher 4 _____ Teacher 5 _____ Teacher 6 _____				This form must be signed and dated by the Principal and/of Teacher (1) (if different) as the person agreeing to the conditions of entry as set out in the <i>Hand Book and or Specifications for Graded Examinations, Presentation Classes, Class Award and Demonstration Class</i> and confirming that the examination centre conforms with the minimum standards and health and safety requirements. Failure to sign will assume acceptance.			
<b>Part A — School Information</b> Name of Principal _____ Name of School _____ School ID _____ School Address _____ Postal Code _____ Website _____ Tel (Studio) _____ Cell # (Teacher 1) _____ <b>Part B — Examination Studio Address (if different from above)</b> Examination Studio ID _____ Examination Studio Name _____ Examination Studio Address _____ Website _____ Email _____				Postal Code _____ Website _____ Cell # (Teacher 1) _____			
<b>Part C — Registered Teachers Details</b> Tel (Studio) _____ Exam day Contact Tel _____ Name _____ Membership # _____ Teacher 1 _____ Name _____ Signature _____ Teacher 2 _____ Teacher 3 _____ Teacher 4 _____ Teacher 5 _____ Teacher 6 _____				This form must be signed and dated by the Principal and/of Teacher (1) (if different) as the person agreeing to the conditions of entry as set out in the <i>Hand Book and or Specifications for Graded Examinations, Presentation Classes, Class Award and Demonstration Class</i> and confirming that the examination centre conforms with the minimum standards and health and safety requirements. Failure to sign will assume acceptance.			
<b>Part A — School Information</b> Name of Principal _____ Name of School _____ School ID _____ School Address _____ Postal Code _____ Website _____ Tel (Studio) _____ Cell # (Teacher 1) _____ <b>Part B — Examination Studio Address (if different from above)</b> Examination Studio ID _____ Examination Studio Name _____ Examination Studio Address _____ Website _____ Email _____				Postal Code _____ Website _____ Cell # (Teacher 1) _____			
<b>Part C — Registered Teachers Details</b> Tel (Studio) _____ Exam day Contact Tel _____ Name _____ Membership # _____ Teacher 1 _____ Name _____ Signature _____ Teacher 2 _____ Teacher 3 _____ Teacher 4 _____ Teacher 5 _____ Teacher 6 _____				This form must be signed and dated by the Principal and/of Teacher (1) (if different) as the person agreeing to the conditions of entry as set out in the <i>Hand Book and or Specifications for Graded Examinations, Presentation Classes, Class Award and Demonstration Class</i> and confirming that the examination centre conforms with the minimum standards and health and safety requirements. Failure to sign will assume acceptance.			
<b>Part A — School Information</b> Name of Principal _____ Name of School _____ School ID _____ School Address _____ Postal Code _____ Website _____ Tel (Studio) _____ Cell # (Teacher 1) _____ <b>Part B — Examination Studio Address (if different from above)</b> Examination Studio ID _____ Examination Studio Name _____ Examination Studio Address _____ Website _____ Email _____				Postal Code _____ Website _____ Cell # (Teacher 1) _____			
<b>Part C — Registered Teachers Details</b> Tel (Studio) _____ Exam day Contact Tel _____ Name _____ Membership # _____ Teacher 1 _____ Name _____ Signature _____ Teacher 2 _____ Teacher 3 _____ Teacher 4 _____ Teacher 5 _____ Teacher 6 _____				This form must be signed and dated by the Principal and/of Teacher (1) (if different) as the person agreeing to the conditions of entry as set out in the <i>Hand Book and or Specifications for Graded Examinations, Presentation Classes, Class Award and Demonstration Class</i> and confirming that the examination centre conforms with the minimum standards and health and safety requirements. Failure to sign will assume acceptance.			
<b>Part A — School Information</b> Name of Principal _____ Name of School _____ School ID _____ School Address _____ Postal Code _____ Website _____ Tel (Studio) _____ Cell # (Teacher 1) _____ <b>Part B — Examination Studio Address (if different from above)</b> Examination Studio ID _____ Examination Studio Name _____ Examination Studio Address _____ Website _____ Email _____				Postal Code _____ Website _____ Cell # (Teacher 1) _____			
<b>Part C — Registered Teachers Details</b> Tel (Studio) _____ Exam day Contact Tel _____ Name _____ Membership # _____ Teacher 1 _____ Name _____ Signature _____ Teacher 2 _____ Teacher 3 _____ Teacher 4 _____ Teacher 5 _____ Teacher 6 _____				This form must be signed and dated by the Principal and/of Teacher (1) (if different) as the person agreeing to the conditions of entry as set out in the <i>Hand Book and or Specifications for Graded Examinations, Presentation Classes, Class Award and Demonstration Class</i> and confirming that the examination centre conforms with the minimum standards and health and safety requirements. Failure to sign will assume acceptance.			

ALL PAGES MUST BE RETURNED TO THE GRADED EXAMINATIONS DEPARTMENT AT THE RAD/CANADA OFFICE.  
 GEF1 (2009) available on www.radcanada.org