ROYAL ACADEMY OF DANCE
EXAMINATIONS BOARD

20 Farrell Avenue
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PART B – PUPIL REGISTRATION/CHANGE OF DETAILS

Principal/Teacher's Name: _____

Membership Number: _____

Name of School: _____

School ID (if known):_____

Please enter all candidates' details that need to be amended.

Candidate ID (if known)	First Name	Family Name	Date of Birth	Gender (M or F)

NAME (Please Print):_____

SIGNED _____ DATE_____