



Original

DANCE STUDIO

111 Main St
Bairnsdale
TELEPHONE 5152 6017
Mob: 0411 747 593

Student Enrolment Form

1. Student Information

Student Name.....
 Preferred Name (if any)..... Female or Male.....
 Date of Birth/...../..... Age as of 1st January 2015.....
 Residential Address.....Post Code:.....
 Home Telephone.....Student Mobile (if applicable).....
 Any prior dance experience Yes / No (tick circle)
 Comments:
 Examinations taken are: (If applicable)
 1.....Last Level:
 2.....Last Level:.....
 3.....Last Level:.....
 Any Health Issues.....

2. Parent Information (if student under 18 Years)

| | |
|--|--|
| Parent 1/ Guardian 1 (person responsible for payment) Mother/Father (please circle) Name Residential Address (if different from student address) Home Telephone (if different from student) Mobile..... Email..... | Parent 2/ Guardian 2 Mother/Father (please circle) Name Residential Address (if different from student address) Home Telephone (if different from student) Mobile..... Email..... |
|--|--|

3. Classes

I would like to enrol in:
 (TICK PLEASE)

| | |
|---|---|
| <input type="checkbox"/> Baby ballet/ Twinkle toes Dance | <input type="checkbox"/> Classical Ballet |
| <input type="checkbox"/> Theatrical Jazz | <input type="checkbox"/> Jazz Funk (5-8yrs) |
| <input type="checkbox"/> Tap Dancing (5 yrs +) | <input type="checkbox"/> Hip Hop (5 yrs +) |
| <input type="checkbox"/> Contemporary (Ballet /Jazz technical class required) | <input type="checkbox"/> Acrobatics/stretch (5yrs+) |
| <input type="checkbox"/> Exams | <input type="checkbox"/> Eisteddfods |

Please Read Student Enrolment Conditions and Invoice Policies on back of this form before signing.

I have read the invoice policy and agree to the

Student conditions and Invoice policy as mentioned:

sign:.....

Date.....