



ENROLMENT FORM

Photo

Date of Enrolment: _____

Surname: _____

Christian names: _____

Date of Birth: ____/____/____

Parent/Guardian Names: 1. _____

2. _____

Address: _____

_____ Post Code: _____

Contact Numbers:

Home: _____ Work: _____

Mobile: _____ Fax: _____

Email Address: _____

Please list any health or physical problems of concern:

Any previous dance experience? Yes No

List Details:

Class(es) you are enrolling in: _____

Where did you hear about us?

- Yellow Pages
- Friend
- School Newsletter
- Family Member Attends
- Other