

**RE-ENROLMENT / REGISTRATION FORM**

STUDENT FULL NAME: \_\_\_\_\_ CLOTHING SIZE \_\_\_\_\_

CONTACT INFO

*Please note: only details which have changed need be completed.*

D.O.B: \_\_\_\_\_  
 Name of fee payer: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Phone numbers - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

ENROLMENT CLASSES

Indicate in box number of classes per week to be taken  JAZZ Level  Specify level, grade or type of class.

- |  |   |
|--|---|
| <input type="checkbox"/> JAZZ Level _____  | <input type="checkbox"/> PRE-SCHOOL DANCE<br><i>(Please state which class.)</i> _____ |
| <input type="checkbox"/> TAP Level _____   | <input type="checkbox"/> MUSIC THEATRE Junior/Inter/Senior                            |
| <input type="checkbox"/> BALLET Grade _____  | <input type="checkbox"/> ACRO   |
| <input type="checkbox"/> MAJOR BALLET Level/s _____  | <input type="checkbox"/> DRAMA Primary  |
| <input type="checkbox"/> CONTEMPORARY <i>(Please state which class.)</i><br>Junior/Inter 1/Inter 2/Senior 1/Senior 2 | <input type="checkbox"/> ADULT BALLET / TAP / JAZZ                                    |
| <input type="checkbox"/> HIP-HOP Junior / Inter / Senior   | <input type="checkbox"/> BODY CONDITIONING & PILATES                                  |
|  | <input type="checkbox"/> OPEN COMMERCIAL DANCE  |

AGREEMENT

I have read and agreed to the enrolment conditions and have enclosed a **non refundable enrolment fee of \$35** to secure my child's place. Please note that this fee is separate to any term fees and is payable annually. This fee is per family.

- I have read and agreed to all the enrolment conditions.
- I agree to allow photographs and/or video footage to be taken of my child. I understand that my permission will be sought before any of these are published. It is necessary to film students on occasions for technique diagnostic purposes.
- I understand that fees and costume fees are not refundable.
- Could all non adult students please indicate here if they are **NOT** intending on participating in our annual end of year performance - **Attending / Not attending**

Signature: \_\_\_\_\_  
*Parent/guardian/adult student*  
 Date: \_\_\_\_\_

MEDICAL

Please list any injuries or medical conditions known at present.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FOR OFFICE USE ONLY

Enrolment date \_\_\_\_\_  
 Non refundable enrolment fee paid \_\_\_\_\_  
 Fee code \_\_\_\_\_  
 Data entered  Invoice created