

Please fill out the following enrolment form and return to the principal on commencement of classes.  
If you have any queries please phone Rory on 0414 312 629.



**Student Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mob:** \_\_\_\_\_

**Email:** *please print clearly* \_\_\_\_\_

**Would you like to receive newsletters via email?**    **YES / NO**

**Classes enrolled in:**            Classical            Jazz            Tap            Hip Hop

Toddler	KindyDance	Pre-Prep	Beginner
Primary	Preparatory	Level 1/2/3/4	Prelude
Transition	Major 1/2/3	5-9 Boys	Sub Junior
Junior	Sub-Intermediate	Intermediate	Advanced
Adult	Other		

**Illness/Injuries/Learning difficulties:**

\_\_\_\_\_

**Emergency Contact Name and Number:**

\_\_\_\_\_

**Do you wish your child to appear in concerts/recitals?**    **YES / NO**

**Please sign to indicate you have read the Enrolment Information sheet**

\_\_\_\_\_

Office Use Only

Date of First Class \_\_\_\_\_ Enrolment Fee \$ \_\_\_\_\_ Paid: YES / NO