Idance Performance Studio

P O BOX 19 NORTH RYDE 1670

2012 ENROLMENT FORM UNDER 18 YRS

PLEASE PRINT CLEARLY

STUDENTS NAME: _____ _____
SURNAME CHRISTIAN NAME

STUDENTS DATE OF BIRTH: ____/____/____ AGE AT 30TH JUNE 2011_____

ADDRESS:_____ ___ _____
POSTCODE

MOTHER: HOME PH: _____ WORK PH: _____ MOBILE PH: _____

FATHER: HOME PH: _____ WORK PH:_____ MOBILE PH: _____

STUDENT MOBILE PH: _____

EMAIL ADDRESS USED FOR CORRESPONDENCE – PRINT CLEARLY: _____

MEDICAL CONDITIONS IF ANY: _____

I _____ AGREE THAT MY CHILD
PRINT NAME OF PARENT

_____
PRINT NAME OF STUDENT WILL ABIDE BY ALL SCHOOL RULES AND REQUIREMENTS.

UPON ENROLLING MY CHILD I ACCEPT RESPONSIBILITY FOR PAYMENT OF FEES AND AGREE TO THE "CONDITIONS FOR ENROLMENT" ON THE REVERSE SIDE OF THIS FORM.

SIGNATURE: _____ DATE: _____
PARENT/GUARDIAN

HOW DID YOU LOCATE US? _____

PLEASE READ AND SIGN ENROLMENT CONDITIONS