

ENROLMENT FORM

FIRST NAME OF STUDENT:

SURNAME OF STUDENT:

MOTHER'S NAME:FATHER'S NAME:.....

POSTAL ADDRESS:

.....POSTCODE.....

EMAIL: HOME PHONE:

MOBILE (mother): MOBILE (father):

DATE OF BIRTH: AGE:

NAME OF SCHOOL:2016 SCHOOL YEAR

ANY EXISTING MEDICAL CONDITIONS:

- While Dance Academy East takes all reasonable care in the conduct of its classes, it accepts no responsibility for injury or loss to person(s) and property.
- Parents and students are requested to adhere to the guidelines set out in "General Information".
- I have read and accept the terms set out in the "Schedule of Fees"-see www.danceacademyeast.com.au
- I give permission for my child to walk between Clovelly Scout Hall, St Luke's Hall and/or Clovelly Public School Hall to participate in classes.
- I give permission for my child to have their photo image, etc. used for 'DAE' promotional material.
- I authorise to pick up my child/children on my behalf.

Signature of parent/guardian: Date:

2016 ENROLMENT

CLASS	DAY	TIME

Please consider me for Showgroup 2016

Yes/No

(Showgroup students must do at least 3 classes, one of which must be Ballet .For the best chance of selection a student should be enrolled in Jazz also. Only at the Academy's discretion will this rule be waived)

Plases tick the following boxes in order for enrolment to be processed:

Enclosed is my enrolment processing fee of \$30 per student or \$40 per family.

OR

I have paid the processing fee by way of direct debit. Reference.....

I understand that this payment is non transferable and non refundable.

I understand that this form does not guarantee placement. Confirmation of enrolment will be sent in early January 2016 to the address given over the page.

Signed _____

Parent/Guardian