

Student Enrolment Form

Please phone 0420764144 to enrol your child in a class or alternatively fill out an enrolment form and email to aracademiededanse@gmail.com

Student Name: _____ Birth Date: ____/____/____

Parent/Guardian Name: _____

Phone: _____ Mobile: _____

Address: _____

Post Code: _____ Email: _____

Medical Conditions/Allergies: _____

Enrolment Start Date: ____/____/____

Class Level (please tick)

Other: _____

BALLET		TAP		JAZZ	
Pre-Primary		Beginner		Beginner	
Primary		Grade 1/2		Grade 1/2	
Grade 1					
Grade 2					
Grade 3					

Photo Permission for Occasional Advertising, Including Social Media: NO / YES

How did you hear about us? _____

Parent/Guardian Signature _____ Date: ____/____/____