



ENROLMENT FORM

Name _____ D.O.Birth _____
Parent name if different _____

Address _____
e-mail _____

Postcode _____ Telephone No _____

Emergency contact No _____

If you are interested in any other classes please tick

Ballet Tap Dance Gymnastics Jazz Theatre School

Any health problems or learning difficulties please state _____

Where did you hear about us? _____

Signed parent/Guardian _____

By signing this enrolment form you are agreeing to our terms and conditions stated in our new pupil letter.



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