

**ENROLMENT FORM**

Student's name(s): .....

Date of birth: .....

Date of enrolment: .....

Parents' name(s): .....

Address: .....

..... Post Code .....

Email: .....

Home phone: ..... Mobile:..... Office: .....

Any Allergies/Health Issues: .....

Details of previous dancing schools/exams etc. (Please list below)

How did you find out about me? E.g. referral/website etc.

**Disclaimer:** Please note that during ballet training there may be occasions when we need to make physical contact with your son/daughter to make postural and alignment adjustments in the pursuit of safe practice. Can you please confirm one of the following:

**YES**, I agree that you may make physical contact to adjust posture during ballet training

**NO**, I do not want you to make physical contact

(Please circle your choice and/or delete one of the above options)

**I agree to give half a term's notice in the event of withdrawing my son/daughter.**

Parent's signature: .....

Date: .....