DEBBIES ACADEMY OF DANCE
ENROLMENT FORM

Students Name

New Student ☐
Returning Student ☐
(Fill in fields with Asterisk and any changed details)

Parents or Guardians Name:

Please provide best emergency phone contact

Mobile:

Other:

PLEASE PRINT EMAIL CAREFULLY!

E-MAIL

****YEAR AT SCHOOL:**	**Age:**

Health Problems:

****Class Attending (please tick)**
ATHERTON
Kindy Dance ☐
Beginners Ballet ☐
Beginner Hip Hop/Jazz ☐
Junior Ballet ☐
Junior Hip Hop/Jazz ☐
Inter Ballet ☐
Inter Hip Hop/Jazz ☐
Sub-Senior Ballet ☐
Sub-Senior Hip/Hop Jazz ☐
Senior Ballet ☐
Senior Hip Hop/ Jazz ☐

Do you give permission for your child's image to be used by Debbie's Academy of Dance in promotional material for the school?

YES_____ **NO** _____

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