NORTHERN DISTRICTS SCHOOL OF BALLET

ENROLMENT FORM

Please complete and return to P.O. Box 783 Lane Cove. 1595 or fax to 94187338

Please enrol: First Name……..

Surname…….

Age …… Date of Birth……

Telephone No…… Mobile no…….

Parent's Name……

Address……..

……. Post Code…….....

Email address…….

Former Dance School (if any)……

Last exam taken and when?……

Is their any ailment suffered that might be useful for your class teacher to know about?……..

…….....

What class or classes are you enrolling in?…….

…….....

I/We understand that there are 4 terms in each year and term fees are payable on the first day of the new term or within the first week of the term. We would appreciate wherever possible, one term's notice in writing if the student is leaving.

Signed……..… Dated……..