



ENROLMENT FORM

Students full name: _____

Address: _____

Date of birth: _____

Parent's/caregiver's surname: _____

Parent's/caregiver's address:
(if different from above) _____

Contact number: _____

Email address: _____

Previous ballet class:
(if applicable) _____

Medical conditions:
(e.g. asthma, diabetes, epilepsy) _____

Please note: All information provided herein will remain confidential