



ENROLMENT FORM 2016

Please complete this form and email to jennyschoolofdance@hotmail.com

ONE FORM PER STUDENT

Student's name: _____

Address _____

City _____ State _____ Post Code _____

Phone no. (Home) _____

(Mobile) _____

Mother's name _____

Email address _____

Please state any problems or disabilities that may affect your child during dance classes

Does your child have any allergies? Please check Yes No

If so what?

Does your child carry an epi-pen. Please check Yes No

Permission to video or photograph your child at the annual concert?

Please check Yes No

Permission to post photos of your child in their dance class on this dance school's

website. Please check Yes No

Classes attending Day _____ Day _____

Time _____ Time _____

Class _____ Class _____

Fee _____ Fee _____

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