

ACADEMY OF BALLET

Student Enrollment Form

Name: _____

Last Name First Middle Class

Street address City State Zip

Mailing Address (if different)

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Home Phone Work Phone E-Mail

Academic School Grade Date of Birth

Father's Name Home Phone Work Phone

Mother's Name Home Phone Work Phone

Emergency Contact

Name Phone Relation to the Student

Person responsible for tuition payments:

Name Address

Previous dance training (instructors, years studied, classes per week):

Health conditions the school should be aware of:

How did you hear of the Academy of Ballet:

Date of registration Signature (parent or guardian)