

ENROLMENT FORM

2022

Student Name						
Address:						
	Post Code					
Date of Birth						
Telephone:	Mobile:					
Email:						
Emailed Newsletters &	Correspondence	YES	NO NO	(to the above email address)		
Medical Conditions		YES	□ NO			
Learning Difficulties		YES	□ NO			
• Other		YES	NO			
If YES to any of the abo	ove, please provide	treatment/details and	any medication	required		
PAYMENT METHOD						
I understand that fees must for. I agree to pay	be paid for each wee	ek that my child is enrolle	d at the studio.	All missed classes must be paid		
_	per Week	per Month	per Terr	n		
Fees must be paid and mai be forfeited.	ntained at all times.	If this is not adhered to,	I understand that	my child's place in the studio will		
			SIG	GNED		
MID-YEAR & ANNUAL SHO			tion			
The studio holds a mid-yea	Showcase each year	and end of year product	uon.			
Agree to Participate in	Mid-Year Showcase	(June/July) Agr	ee to participate	in Annual Production (December)		
			SIC	GNED		
PERMISSION FOR PUBLIC						
I hereby consent to my child	d's photograph, subur	b or video (without name	listings) to be us	sed for publicity for the studio		
should this be required (ie. Web page, Newspapers etc.)						

SIGNED _____

TUTTION (pleas	se circle)							
Ballet (includes all Nation	onal Character syllabi)							
Test 1 / 2 / 3	Bronze M / S	Silver M / S	Gold M / S Gold Bar					
Intermediate	Advanced	A.B. Performance Award	Open Age Ballet					
Jazz								
Jazz Magic	Test 1 / 2 / 3	Bronze M / S	Silver M / S	Gold M / S				
Elementary	Intermediate	Advanced	A.B. Performance Award	Open Age Jazz				
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Тар								
Test 1 / 2 / 3	Bronze M / S	Silver M / S	Gold M / S Gold Ba	nr				
Elementary	Intermediate	Advanced	A.B. Performance Award	Open Age Tap				
AcroDance								
Level 1/2	Level 3/4	Level 5/6 (this is	his is at the discretion of the Gymnastics Coach)					
Other								
Contemporary Junior /	Senior AcroE	Dance Elite Squad	DMDS DanceClub	(examinations)				
comomporary came.	7.0.0		220 24000.40	(6/10/11/11/10/10/10/10/10/10/10/10/10/10/				
ALITHORISATION FOR	ORSERVATIONS BY STUD	ENTS						
AUTHORISATION FOR OBSERVATIONS BY STUDENTS								
I give permission for my child to be observed and photographed by students (i.e. Student Teachers, Assistant Teachers, Examiners) for the purpose of collecting information to assist in the development of the individual programs as part of their								
	se of collecting information	to assist in the developmen	t of the marriadal programs t	as part or trien				
study requirements.	rudy requirements.							
		SIGNED						
CODE OF CONDUCT								
	ido by the studio's etiquette	and code of conduct while	at the studio and whilst in st	udio uniform				
-			ot tolerate bullying, intimidation					
abuse or any other form		diately. The studio does in	or tolerate bullying, intimidation	on, gossip,				
abuse of any other form	or bad benavior.		SIGNED					
			SIGNED	·				
BEHAVOUR POLICY								
	ood the studio's Behaviour F	Policy and agree to adhere to	to this policy at all times.					
			SIGNED					
AGREEMENT								
	. hereby agree to abide by t	the policies, terms and cond	itions of enrolment as per th	e studio's rules				
I, the parent / Guardian, hereby agree to abide by the policies, terms and conditions of enrolment as per the studio's rules and regulations.								
NAME:								
SIGNED			Date /	/				
			/					