Student Application for Enrollment

(Please PRINT and fill out completely)

Studio location _____ Month and Year of enrollment _____

Name _____Age _____Date of birth_____

Phones:(home)_____(work)_____(cell)_____

Address _____City _____ Zip_____

Parent E-mail address: (or student if 21 or older)

Mother _____Father_____

Any physical problems_____

_____

Previous dance education: Types_____

Where_____Length of Time_____

How did you hear of our school? (please be specific) Television (which channel?)_____

Newspaper (which one?)_____ Mailing list _____Brochure_____

Phone book (which one?) _____ Other (specify)_____

_____

Mother's occupation _____

Place of employment_____

Father's occupation _____

Place of employment_____

The following information must be provided by person or persons who will be responsible for payment of tuition

Name_____Relationship to student_____

Driver's license Number_____State _____Expiration_____Dob_____

Address_____City _____State_____Zip_____

Name_____Relationship to student_____

Driver's license Number_____State _____Expiration_____Dob_____

Address_____City _____State_____Zip_____