

Studio 453 DANCE SCHOOL REGISTRATION FORM:



STUDENT DETAILS	
Name:	_____
D.O.B:	_____ Age: _____ School Grade: _____
Previous Dance Experience:	_____
Please specify any special medical considerations:	
Details:	_____
Doctors Name:	_____
Clinic:	_____ Phone: _____

CARE-GIVER DETAILS	
Parent/Caregiver 1:	
Name:	_____
Relationship to Student:	_____
Street Address:	_____
Suburb:	_____ Postcode: _____
Phone: (____)	_____ Mob: _____
Email:	_____
Parent/Caregiver 2:	
Name:	_____
Relationship to Student:	_____
Street Address:	_____
Suburb:	_____ Postcode: _____
Phone: (____)	_____ Mob: _____
Email:	_____

HOW DID YOU HEAR ABOUT US ?			
Referral	<input type="checkbox"/>	Letterbox Flyer	<input type="checkbox"/>
School Newsletter	<input type="checkbox"/>	Web Search	<input type="checkbox"/>
Community Centre Flyer or Poster	<input type="checkbox"/>	Detail _____ Other	<input type="checkbox"/>

**Studio 453 may choose to select photographs or video of your child, with permission, for newsletters, web-site and publicity purposes.
All information provided to Studio 453 dance school is true and accurate to the best of my knowledge*

Signed: (Parent/Caregiver 1): _____ Signed: (Parent/Caregiver 2): _____
 x _____ Date: ____/____/____ x _____ Date: ____/____/____