

DESIREE'S DANCE ACADEMY

PO BOX 257
PICTON NSW 2571

OFFICE PHONE 46 770 301

2008 ENROLMENT FORM

NAME
(Student) _____

ADDRESS _____

EMAIL _____ P/CODE _____

PHONE (W) _____ (H) _____

(M) _____

AGE ON 1ST FEBRUARY 2008 _____ D.O.B. _____

PLEASE TICK THE STUDIO SUBJECT(S) YOU ARE ENROLLING IN:

- | | |
|---|---|
| <input type="checkbox"/> CLASSICAL BALLET | <input type="checkbox"/> PRE-SCHOOL JAZZ |
| <input type="checkbox"/> TAP | <input type="checkbox"/> HIP- HOP |
| <input type="checkbox"/> JAZZ | <input type="checkbox"/> STRETCH |
| <input type="checkbox"/> MODERN /CONTEMPORARY | <input type="checkbox"/> SOLO TUITION |
| <input type="checkbox"/> PRE-SCHOOL BALLET | <input type="checkbox"/> SHOW TEAM |
| | <input type="checkbox"/> KIDS/ADULT FITNESS |

WHAT GRADE(S) WILL YOU BE IN?
(Please speak to a staff member) _____

WHAT DAYS ARE YOUR CLASSES ON? _____

AN ENROLMENT FEE OF \$15.00 IS REQUIRED WITH THIS FORM BEFORE ENROLMENT IS CONSIDERED COMPLETE.

\$15.00 fee paid _____ Date _____

I (the student/parent/guardian) UNDERSTAND THAT THE ABOVE STUDENT HAS ENROLLED IN A YEAR LONG PROGRAMME. IF THE STUDENT DOES NOT WISH TO CONTINUE THE COURSE(S) TICKED ABOVE, HE/SHE MAY WITHDRAW DURING TERM ONE. IF WITHDRAWAL HAS NOT OCCURRED DURING THIS TIME, IT IS EXPECTED THAT THE STUDENT ABOVE WILL COMPLETE THE WHOLE PROGRAMME, WHICH WILL INCLUDE THE END OF YEAR PERFORMANCE AND EXAMINATIONS (if applicable). AS WELL AS THIS, I UNDERSTAND THE FEE STRUCTURE AND PAYMENT OPTIONS OF THE STUDIO AND AGREE TO PROVIDE PAYMENT FOR THE CLASSES THAT THE STUDENT HAS ENROLLED IN.

SIGNED _____ DATE _____