



# Enrolment Form 2020

Principal: Miss Alysha Harrison

PLEASE PRINT CLEARLY

## Student Information

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Medical History: Asthma, Allergies, any previous injuries etc.

\_\_\_\_\_

## Emergency Contact (Family Member or Family Friend)

Name & Relationship to Student/s:

\_\_\_\_\_

Contact Number: \_\_\_\_\_

## Classes enrolling in

Day (Example: Monday) CLASS (Example: Primary Classical) Duration (Example: 4.15pm-5.00pm)

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## Publicity Release

I here-by give permission to Perfect Pointe' School of Dance to take photographs, film, or videos of my child for the exclusive use of PPSD. I consent to the use of such materials and/or the use of my child's name for PPSD's promotional purposes such as marketing brochures, posters, fliers, video and website by Perfect Pointe' School of Dance.

There is no end date to this release.

Signature: \_\_\_\_\_

## PPSOD Terms & Conditions

**Enrolling at Perfect Pointe' School of Dance I hereby agree to the terms and conditions**

Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_