

PERFECT POINTÉ



SCHOOL OF DANCE

Enrolment Form 2019

Principal: Miss Alysha Harrison

PLEASE PRINT CLEARLY

Student Information

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Postal Address: _____

_____ Postcode: _____

Contact Number (Home): _____ Mobile Phone: _____

Email Address: _____

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

Please List any other activities your child under takes; Swimming, Netball etc.

Emergency Contact (Family Member or Family Friend)

Name: _____

Relationship to student: _____

Contact Phone Number Home: _____ Mobile Phone: _____

Classes enrolling in

Day (Example: Monday)

Class (Example: Primary Classical A)

Duration (Example: 4.15pm-5.00pm)

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

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: _____