

2019 ENROLMENT



STUDENT NAME: _____

PARENT NAME: _____

ADDRESS: _____

POSTCODE: _____

DAY PHONE No: _____

NIGHT PHONE No: _____

MOBILE No: _____

EMAIL: _____

AGE AT 1st JANUARY 2019: _____ DOB: _____

NEW ENROLMENT [\$10 fee]

CURRENT STUDENT RE-REGISTERING

NEW ENROLMENTS please state previous dance training:

ANY KNOWN INJURIES &/OR DISABILITIES: _____

COMMENCEMENT DATE FOR CLASSES: _____

LIST ALL CLASSES & LEVELS ATTENDING:

BALLET: _____

TAP: _____

MODERN JAZZ: _____

THEATRICAL: _____

PERFORMANCE CLASS: _____

ACROBATICS: _____

The Southern Academy of Dance
Phone: 0418 194113

PO Box 27 Inala Qld 4077
Email: sadance@bigpond.com

www.sandrabreen.com