

ENROLMENT FORM 2019



Student Details

Students Name:			
Date of Birth:	Age:	Sex:	
Address:			
Suburb:	Postcode:		
Parents Names:	Mother:	Father:	
Phone Numbers:	Mobile:	Mobile:	
	Home:		
Email:			
Billing Details:			

MEDICAL HISTORY.

Do you have any allergies?	YES \ NO
Do you suffer from any ailments? (eg: asthma, diabetics)	YES \ NO
Are you on any prescribed medication?	YES \ NO

If you have answered YES to any of the above, please give details below:

PLEASE TICK BOXES BELOW FOR CLASSES ATTENDING:

- Pre Primary 3/4 y/o (Sat)
- Primary 5 y/o (Sat)
- Preparatory 6 y/o (Sat)
- Grade 1 (Sat)
- Grade 2 (Sat)
- Grade 3 (Fri)
- Grade 4 (Fri)
- Intermediate Foundation (Fri)

Dance Precinct reserves the right to determine, at its sole discretion, the individual competency level of each student and will recommend the appropriate class/es according to the student's current standard.

PARENT'S SIGNATURE: _____

DATE: _____