



Enrolment Form 2009

This form can be completed electronically using the latest version of Acrobat Reader and emailed to the school, or printed out and given to a staff member.

Student Details

Students Full Name	
D.O.B	Age as of 01/12/09
Siblings attending the studio (please list their names)	

Parents Details

Mothers Name	Mobile Number
Fathers Number	Mobile Number
Postal Address to be used for billing including post code	
Email Address to be used for notification of Notes	

I wish to enroll my child in the following classes:

Class Name	Day						
I would like to request a private lesson as follows							
I would like my child to be able to participate in an exam this year in:	<table border="0"> <tr> <td>Ballet</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Tap</td> <td>Yes</td> <td>No</td> </tr> </table>	Ballet	Yes	No	Tap	Yes	No
Ballet	Yes	No					
Tap	Yes	No					
In case of an emergency please contact							
Medicare Details							
Medical Conditions and Action Required							

Your permission: I agree to myself/my child attending Rogerson Dance Studios activities and will not hold Rogerson Dance Studios responsible for any loss of property and or accident. I understand that all Rogerson Dance Studios fees are non refundable. I give permission for my child to be photographed & videoed while participating in Rogerson Dance Studio Activities. I consent to these photos/videos being used for publicity purposes:

Yes No

Signed	Date
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Office Use Only

Start Date	Enrolment Fee:	Individual	Family
Packages to be billed			
Billed	Term 1	Term 2	Term 3 Term 4