

The Classical Ballet School

Annual Registration Form

Student's Name (last) (first).....

Date of Birth (month) (day) (year)

Student's Phones Home ()- Cell () -

Work ()- Student's Occupation

Student's Address

..... (zip) **Email**

Please print email address very clearly – email is used to send you important updates, billing and news of classes and events.

Has student ever had any previous training in dance? (yes) (no)

If yes, please give full details of subjects, teachers, and length of study.

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Has student ever had any serious injuries or illnesses? (yes) (no)

If yes, please give full details.

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Academic day school that student is currently attending

Name of School:

Address: Zip

How did you hear about the Classical Ballet School?

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Please complete if student is 18 or under:

Mother's Name Occupation

Father's Name Occupation

Home Phone(s) ()- Mother ()- Father

Work Phone(s) ()- Mother ()- Father

Emails Mother Father

Parent's Address (circle whose address) Father's / Mother's /Both

..... (zip)

Please read the rules and conditions on the reverse side of the Registration Form, and sign in the space provided (parent or guardian to sign if student is under eighteen years old). 