



# Philippa Campbell School of Ballet

## ENROLLMENT FORM

Students Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Address for Accounts Mr. /Ms: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Mobile/Work Phone. \_\_\_\_\_

Parent or Guardian contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

### ENROLLING FOR THE FOLLOWING CLASSES

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total** \_\_\_\_\_

**PAYMENT** is due at the beginning of each and every term.

**RE-ENROLLMENT/NEW ENROLLEMENT** If you are a new enrollment with previous dance training please give details of teachers under whom you have trained and the standard attained.

**DETAILS** of any illness or injury teachers should be aware of, including asthma, hay fever, muscular pains etc.

### EDUCATION LEVEL

**DETAILS** of other studies such as piano, guitar, elocution, drama etc.

**OFFICE USE ONLY:**

Payment Rec: \_\_\_\_\_ To Invoice: \_\_\_\_\_

Rec't #: \_\_\_\_\_ Inv # \_\_\_\_\_

Type: *Cash / Cheque / Eftpos*