



# Student Enrolment Form

PLEASE PRINT IN CAPITALS:

I would like to enrol \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_

For the following: Ballet: \_\_\_\_\_ Day \_\_\_\_\_  
Modern: \_\_\_\_\_ Day: \_\_\_\_\_  
Tap: \_\_\_\_\_ Day: \_\_\_\_\_  
Jazz: \_\_\_\_\_ Day: \_\_\_\_\_  
Singing & Drama Level: \_\_\_\_\_

I enclose £10 deposit (non-refundable) made payable to *Salisbury Dance Studios*

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

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

Telephone Day \_\_\_\_\_ Eve: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Medical / Physical conditions that we should be aware of eg. Asthma, diabetes, epilepsy, Joint pains, allergies.

\_\_\_\_\_  
\_\_\_\_\_

I understand that due to the nature of Dance, physical contact may be necessary by the teaching faculty.

I agree to pay termly, in advance, and will give ten weeks notice (excluding holidays) or fees in lieu if my child/children withdraw from a class or classes.

If you do not wish to be used in any publicity or promotion related to Salisbury Dance Studios please tick the box:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Return with deposit to: *Katy Colegrove, 6 Shelley Drive, Stratford -Sub-Castle, Salisbury, SP1 3JZ*