

ENROLMENT FORM

STUDENT'S NAME: _____

D.O.B: _____ GRADE AT SCHOOL: _____

POSTAL ADDRESS: _____

PARENT /GUARDIAN

1. NAME: _____

CONTACT NUMBERS: _____

2. NAME: _____

CONTACT NUMBERS: _____

BILLING INFORMATION

PERSON RESPONSIBLE FOR FEE PAYMENT:

NAME: _____

PLEASE TICK PREFERED METHOD OF INVOICING

EMAIL Email address: _____

POST Postal address: _____

Please tick if you would like terms 1,2,3 fees adjusted to eliminate term 4 account

IN CASE OF EMERGENCY

In the event that neither parents/guardians cannot be contacted in an emergency I/We nominated (please name) _____ PH (_____) be contacted.

DOES THE STUDENT HAVE ANY ILLNESS/CONDITIONS THE TEACHERS NEED TO BE AWARE OF? *Please list if any*

1. _____
2. _____
3. _____

By signing below, I/WE have read and fully understood all the rules/expectations regarding enrolling my child for dance lessons with The Ally Walker Dance Academy.

Signed _____ Dated _____



C.S.T.D & R.A.D

MOBILE: 0408 154 694

ally.walker86@gmail.com

Postal Address: 12 Rose Court, KINGAROY Q 4610

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Class List

Please complete this form and return with your enrolment form. If you have any questions please don't hesitate to ask.

Beginners

Tiny Tots

- Ballet R.A.D
 Jazz

Junior

- Ballet RAD
 Jazz
 Tap
 Hip Hop
 Contemporary (must be enrolled also in ballet RAD)

Intermediate

- Ballet RAD
 Jazz
 Tap
 Hip Hop
 Contemporary (must be enrolled also in ballet RAD)

Elementary

- Ballet RAD
 Pointe
 Jazz
 Tap
 Hip Hop
 Contemporary (must be enrolled also in ballet RAD)

Senior

- Ballet RAD
 Pointe
 Jazz
 Hip Hop
 Tap
 Contemporary (must be enrolled also in ballet RAD)

Dance Exams

Please see Miss Ally before completing this section

1. _____
2. _____
3. _____
4. _____
5. _____



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