



# Southern Ballet Theatre Enrolment Form 2019

**Office Use only:**

Entered: \_\_\_\_\_

Date Lessons Started: \_\_\_\_\_

Confirmed With Tutor: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

Please tick the box if you would like us to contact your Business about Advertising and Sponsorship.

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Classes Attending:**Classical Ballet Jazz Contemporary Adult Open Ballet Modern Open Class Companies Full time course 

Grade/Level Attending: \_\_\_\_\_

**Days Attending:**Monday  Tuesday  Wednesday  Thursday  Friday  Saturday Any Medical or Physical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Details: Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I am aware that fees are payable prior to the start of classes each term.**

I/we approve any photographs or DVD's of my child taken at SBT during classes, performances or productions may be used for promotion of Southern Ballet including the photo gallery on our website.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To help us provide a better service, could you please fill in this short survey?**

- Where did you hear about the Southern Ballet School?  
Yellow Pages / NEWSPAPER / WORD OF MOUTH / OTHER .....
- Did you find your information pack helpful? YES / NO
- Have you attended a performance at Southern Ballet? YES / NO
- Would you like your child to partake in the Annual school performance? YES / NO

**All information supplied is confidential and remains only within the school file.**