

ANNETTE LANGHAM SCHOOL OF BALLET – ENROLMENT FORM

SURNAME OF STUDENT

GIVEN NAMES

DATE OF BIRTH

PREVIOUS TRAINING (years)

LEVEL ACHIEVED

DATE OF ENROLMENT

ANY MEDICAL CONDITION / PHYSICAL OR MENTAL DISABILITY YOU ARE AWARE OF It is in your best interests to declare anything which may require special attention in training, may put your child at risk or is likely to require emergency treatment (strictly confidential)

NAMES OF PARENTS /GUARDIANS

FAMILY ADDRESS OR ADDRESS OF PRIMARY CARER

HOME TELEPHONE

MOBILE 1

MOBILE 2

EMAIL ADDRESS

OCCUPATION OF PARENTS (optional) – quite often I will need to call upon various trades people, services, health professionals etc and I don't even know that I have those people within the school. ie. a networking opportunity.

HOW DID YOU HEAR ABOUT THE SCHOOL – please circle

word of mouth

yellow pages

internet

facebook

noticed

location

other

Please circle below as appropriate

I agree to photographs/ film of my child appearing on social media / webpage (primarily with a marketing focus for the ballet school – no names will be used) You may not have the chance to preview but we take this responsibility to child safety seriously. Careful selection will be made and there will not be anything offensive used. signed-----

I do not permit my child to appear on social media / webpage.