



Unit 2, 2-4 Marker Avenue, Marlestone SA 5033

ENROLMENT FORM

1. Students Name:

Classes to be taken:

.....DOB:

Previous experience:

2. Students Name:

Classes to be taken:

.....DOB:

Previous experience:

3. Students Name:

Classes to be taken:

.....DOB:

Previous experience:

4. Students Name:

Classes to be taken:

.....DOB:

Previous experience:

Address:

.....Postcode:

Email:

Mothers Name:

Phone:

Mobile:

Fathers Name:

Phone:

Mobile:

Please list any relevant medical information

.....

.....

.....

In case of an emergency we require a contact person if we are unable to reach the Parents

Name:

Phone:

Mobile:

How did you find out about the school?

Messenger Website Flyers Word of mouth

Other (please specify).....

TERMS AND CONDITIONS

The School shall not be held responsible for the loss or damage of property. It is strongly recommended that all shoes and clothing be clearly marked.

The School shall not be responsible for any injury sustained by: Parents, family, or students while on the premises of Jess Dance Academy.

Students while participating in the classes.

In case of emergency the School shall seek medical assistance.

Medical expenses shall be billed to parents/guardians.

Fees are payable by due date.

CONSENT

Do you give consent to photographs of the student/s being used in newsletters and web sites? (please circle) Yes No

Name:

Date:...../...../.....

Signature:.....

Return this enrolment form to Jess Gale either by

Post

Unit 2, 2-4 Marker Avenue, Marlestone SA 5033

or email

jessdanceacademy@outlook.com

or by fax

8371 3655

any enquiries phone

Jess on 0433 309 353 or Kate 0420 940 367