

Teacher to complete

Class _____ Day _____ Time _____



Enrolment Form

When form is completed please also sign permission form at right.

1st Student

Surname _____

Christian Names _____

Date of Birth _____

2nd Student

Surname _____

Christian Names _____

Date of Birth _____

3rd Student

Surname _____

Christian Names _____

Date of Birth _____

Address Details

_____ Postcode _____

Home Phone _____ Mobile _____

Email _____

Mother's Details

Name _____

Work Phone _____

Occupation _____

Father's Details

Name _____

Work Phone _____

Occupation _____

Permission Form

Permission is given to photograph, film, or video students to be used for studio publicity or Memorabilia.

Name of Parent/Legal Guardian

Signature

Date

Please also advise any information which you feel we should know regarding physical or other problems which could require special attention

Thanks. We look forward to teaching you and hope you enjoy your classes with us.

