



Michelle Lucca
SCHOOL OF DANCE

ENROLMENT FORM 2011

DATE: __/__/____

STUDENT NAME: _____ DATE OF BIRTH: __/__/____

ADDRESS: _____

_____ POSTCODE _____

PARENTS/CAREGIVERS: _____

HOME PHONE: (____) _____ MOBILE (____) _____

WORK PHONE: (____) _____ EMAIL: _____

MEDICAL/HEALTH CONDITIONS: _____

CLASSES ATTENDING:

BALLET:

JAZZ:

CONTEMPORARY:

HIPHOP:

TAP:

STRETCH:

TROUPE:

PRIVATE LESSONS:
