



in the SPOTLIGHT

performing arts studio Pty Ltd

ENROLMENT FORM 2010

One form per student

STUDENT NAME:

SCHOOL GRADE 2010:

DOB:

ADDRESS:

SUBURB:

POSTCODE:

EMAIL:

HOME PHONE NO:

MOTHER'S NAME:

MOTHER'S MOB NO:

FATHER'S NAME:

FATHER'S MOB NO:

MEDICAL PROBLEMS I MAY NEED TO BE AWARE OF:

Please X the classes you wish to attend and include the day and time:

X	Class	Day	Time
	Jazz		
	Tap		
	Singing		
	Drama		
	Ballet		
	Acrobatics		
	Tiny Tot Combo		
	Hip Hop		
	Modern Expressive		
	Private Singing Lesson		
	Private Dance Lesson		

NEW STUDENTS PLEASE LIST EXPERIENCE IF ANY: