



PRINCIPAL:

**Valerie Lissette** ARAD, RAD RTS (Solo Seal)

**ENROLMENT FORM**

STUDENT'S NAME ..... DATE OF BIRTH .....

ADDRESS .....

.....

ENROLLING FOR THE FOLLOWING CLASSES .....

.....

IF NEW ENROLMENT WITH PREVIOUS DANCE TRAINING, PLEASE GIVE DETAILS OF TEACHERS YOU HAVE TRAINED WITH AND THE STANDARD ATTAINED.....

.....

.....

DETAILS OF ANY ILLNESS, INJURY OR DISORDER, TEACHERS SHOULD BE AWARE OF.....

.....

.....

.....

CONTACT DETAILS OF PARENT OR CAREGIVER.

NAME: ..... ADDRESS: .....

.....

HOME PHONE: ..... MOBILE: .....

EMAIL .....

I Allow, Valerie Lissette School of Dance to use photo, video or other digital recording of my child for promotional purposes- eg. Newspaper adverts, Movitae, Facebook, Instagram

SIGNED: ..... DATE .....

**Accounts will be emailed at beginning of each term.**

**Term Payments in Cash, by Cheque or Online - Westpac 03 1556 0019334 01**

Ph. 07 855 1524 lissettevalerie@gmail.com  
www.valerielissettedance.co.nz