



# Fox King Dance Academy ENROLMENT FORM



## PARENT/GUARDIAN DETAILS

TITLE : MR/MRS/MISS/MS/OTHER .....

FORENAME: .....

SURNAME: .....

RELATION TO STUDENT : .....

FULL POSTAL ADDRESS:

.....

.....

.....

POSTCODE : .....

HOME PHONE : .....

MOBILE PHONE : .....

EMAIL : .....

INVOICE ADDRESS :  
(If different from above)

.....

.....

POSTCODE : .....

## DECLARATION :

I have read and agree to Fox King Dance Academy's Terms & Conditions, and understand that I must give 6 weeks written notice should my child / I wish to leave a class.

Signed ..... Date.....

## STUDENT DETAILS

FORENAMES: .....

.....

SURNAME: .....

DATE OF BIRTH: ..... /..... /.....

EMERGENCY CONTACT NAME/NUMBER :

.....

.....

PREVIOUS DANCE EXPERIENCE :

.....

.....

ANY RELEVANT MEDICAL CONDITIONS :  
(eg. asthma, dyslexia, hearing problems)

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Friend who Introduced Student to FKDA:

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### Please note:

By signing this form you give permission for emergency medical treatment to be carried out on your child in the event that it is necessary

You should also inform us in writing if you do not wish your child to appear in any photographs, DVDs or other filmed material that FKDA may produce.

### **Office Use only**

Class.....

Taster Date.....

Date Started.....

Credit Note issued / date .....