



Firebird Academy of Ballet Registration Form

Please complete in block capitals (unless typing). A separate form must be completed for each student.

Student's Full Name: _____

Sex: M F Date of Birth: _____

Name of Parent or Guardian: _____

Address: _____

_____ Postcode: _____

Home Phone #: _____ Mobile Phone #: _____

Email Address: _____

Emergency Contact #1: _____

Telephone #: _____

Emergency Contact #2: _____

Telephone #: _____

Details regarding medical history that we should know: _____

Details of previous dance examinations or training previously taken (please list dance schools attended): _____

RAD Candidate Number (if assigned): _____

Please let us know how you heard about Firebird Academy of Ballet:

I wish to enrol my son/daughter or myself into the following classes:

for term date beginning: _____

I have read and agree to the Firebird Academy of Ballet Terms and Conditions

Please be reminded per the Terms & Conditions that upon acceptance of this signed registration form, you have enrolled the above student with Firebird Academy of Ballet and payment is expected in full within 14 days of invoicing. The student will be automatically re-enrolled for the next term unless you provide 6 weeks advanced notice in writing. Half of a term's fees will be assessed if this notice is not given in time. We do this to optimise class enrolment and keep tuition fees as low as possible.

Signature of parent/guardian or adult student

Printed Name: _____

Date: _____