

FOR OFFICE USE ONLY:

START DATE: _____ CLASS: _____ DAY: _____ TIME: _____ PRORATED TUITION: _____

ROYAL SCHOOL OF BALLET

ENROLLMENT FORM

ACCOUNT INFORMATION		
NAME OF PERSON RESPONSIBLE FOR ACCOUNT		
BILLING ADDRESS	CITY	ZIP CODE
BEST CONTACT NUMBER	EMAIL ADDRESS	

STUDENT INFORMATION		
LAST NAME	FIRST NAME	
DATE OF BIRTH	SCHOOL	GRADE
MAILING ADDRESS	CITY	ZIP
HOME PHONE	STUDENT EMAIL	

PRIMARY PARENT/GUARDIAN INFORMATION	
NAME	NAME
RELATION	RELATION
CELL PHONE	CELL PHONE
EMAIL ADDRESS (IF DIFFERENT)	EMAIL ADDRESS (IF DIFFERENT)

EMERGENCY CONTACT INFORMATION (NOT LIVING WITH STUDENT)	
NAME	NAME
RELATION	RELATION
CELL PHONE	CELL PHONE
HOME PHONE	HOME PHONE
WORK PHONE	WORK PHONE

MEDICAL/OTHER INFORMATION/ADDITIONAL PARENT INFORMATION

I HAVE READ AND UNDERSTAND ROYAL SCHOOL OF BALLET STUDIO POLICIES.

X_____