



Ransley Ballet & Dance Centre



ENROLMENT

Name		DOB	
Address			
Email			
Home phone		Mobile	
Parent/Guardian's Name			
Relationship to student			
Student's previous Education experience			
Previous school		Year / level	
Teacher			
State any medical conditions which we should be aware:			
Level of Entry			

I have read, understood and accept the Terms and Conditions of enrolment and attendance at Ransley Ballet and Dance Centre as detailed on the website www.ransleyballet.com.au.

Signature of parent/guardian _____

Signature of Student _____

Date: ____ / ____ / ____