ENROLMENT FORM





Student Details

DOB:	FIRST NAME:	LAST	NAME:		
ADDRESS: Parent/Guardian Details PARENT/GUARDIAN 1: MOBILE: PARENT/GUARDIAN 2: MOBILE: EMAIL: (for newsletters & instructions) Please print clearly WHERE DID YOU HEAR ABOUT US? Student Medical Conditions Please list any medical conditions that we should be aware of: Written permission to administer epipens and an anaphiloxis plan must be submilited to KBBA prior to the student commencing classes Permission & Disclaimer We occasionally use images and videos of our students. Please tick YES or NO for images to be used in the following mate School Newsletter: NEBBA Facebook & Instagram: NEBBA Website:		BALLET GRADE ATTENDIN	G:	BRANCH:	
PARENT/GUARDIAN 1: MOBILE: M		SUE	BURB:	POSTCODE:	
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Signature Of Parent/Guardian: Date:	Parent/Guardian Name :				
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Thank you for enrolling at the Kim Baker Ballet Academy!