



## Enrollment Application Form 2018 - 2019

### STUDENT'S INFORMATION

Student's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Female Male

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School \_\_\_\_\_ District \_\_\_\_\_ School Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Previous Dance School(s): \_\_\_\_\_

Years of Dance Experience: Tuzer Dance \_\_\_\_\_ Other \_\_\_\_\_

List Any Health Problems or Injuries: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

\*PRIMARY E-mail Address: \_\_\_\_\_ \*We use THIS for primary communication

Preferred Name for Programs: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION

Mr. Mrs. Ms. Dr.

Name of Parent 1: \_\_\_\_\_

Home Address: Same as Child

Home Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Stepparent Name: \_\_\_\_\_

Check if appropriate: Parents separated/divorced

Mr. Mrs. Ms. Dr.

Name of Parent 2: \_\_\_\_\_

Home Address: Same as Child

Home Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Stepparent Name: \_\_\_\_\_

Father deceased Mother deceased

### EMERGENCY CONTACT PERSON (For emergency purposes, in the event the child's parents/guardians cannot be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Is another immediate family member enrolled? No Yes Name: \_\_\_\_\_

How did you find out about our school? \_\_\_\_\_

Referred by: \_\_\_\_\_ If referred by current student, list student's name: \_\_\_\_\_

Staff Use Only	
Enrolled Classes: _____	
Tuition: _____	Discount: _____