



Enrollment Application Form 2019 – 2020

STUDENT'S INFORMATION

Student's Name: _____ Preferred Name: _____ Female Male

Age: _____ Date of Birth: _____ School _____ District _____ School Grade: _____

RETURNING STUDENT - ONLY COMPLETE ITEMS BELOW THAT NEED UPDATING

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: _____	Discount: _____
Tuition: _____	