

# APPLICATION FOR ENROLMENT

FULL NAME OF PUPIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

FULL NAME OF  
PARENT/GUARDIAN: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(W) \_\_\_\_\_

(CELL) \_\_\_\_\_

(CELL) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MEDICAL PROBLEMS: \_\_\_\_\_

ACCEPTED ON BEHALF OF JESSICA RIDING, DANCE COLAB

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## CONDITIONS OF ENROLMENT

**I, THE UNDERSIGNED, PARENT/GUARDIAN OF THE ABOVE MENTIONED PUPIL, HEREBY APPLY FOR THE ENROLMENT OF THE SAID PUPIL WITH THIS DANCING STUDIO AND AGREE THAT UPON ACCEPTANCE OF THIS APPLICATION, THE FOLLOWING TERMS AND CONDITIONS WILL APPLY:**

**THE FEES ARE PAYABLE QUARTERLY IN ADVANCE. THAT IS BY THE END OF THE FIRST TWO WEEKS IN EACH TERM AT THE LATEST.**

**I HEREBY INDEMNIFY AND HOLD THE STUDIO AND TEACHER HARMLESS FROM AND AGAINST ALL CLAIMS UPON IT /HER OR ANY OF THE STUDIOS PERSONNEL ARISING FROM ANY INJURY SUSTAINED BY THE PUPIL IN OR ABOUT THE SCHOOL'S PREMISES OR WHILE BEING CONVEYED TO OR FROM THE SCHOOL BY ANY MEANS.**

**SIGNED BY THE PARENT/GUARDIAN:**

**AT.....ON.....20.....**

**SIGNATURE OF PARENT/GUARDIAN**

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