

# ENROLLMENT FORM

**REGISTRATION/INSURANCE FEE- \$20 (NEW STUDENTS)  
RE ENROLMENT/INSURANCE FEE- \$10 (EXISTING STUDENTS)**

**Invoices will be emailed after this form is received.**

STUDENT DETAILS					
FIRST NAME					
SURNAME					
D.O.B			AGE:		
PRIMARY/HIGH SCHOOL					
GRADE/YEAR (as of 2018)					
PARENT/GUARDIAN DETAILS (ACCOUNT HOLDER FOR INVOICES)					
FIRST NAME					
SURNAME					
RELATION					
PHONE (HOME)					
PHONE (MOBILE)					
ADDRESS					
EMAIL ADDRESS					
HOW DID YOU HEAR ABOUT SHEE'K DANCE STUDIO? PLEASE TICK <input checked="" type="checkbox"/>					
FRIENDS	SCHOOL	FLYERS	WALKING BY	INTERNET	OTHER
I WOULD LIKE TO ENROL IN THE FOLLOWING CLASSES					
	DAY	TIME	AGE GROUP	STYLE	
1					
2					
3					
4					
5					
6					

I give Shee'k permission to photograph my child and the use of the photos for marketing purposes, including brochures, advertisements and news articles. This also includes Shee'k Dance Studio's Facebook and Instagram page.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

I agree Shee'k Dance Studios or any employee will not be held liable for injuries sustained or illnesses contracted while on the school's premises. I have read understood all the terms and conditions of Shee'k Dance Studios.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

# Shee'k Dance Studio

## Confidential Medical Report

STUDENT DETAILS						
STUDENT NAME						
EMERGENCY CONTACT						
PHONE (MOBILE)			PHONE: (HOME/WORK)			
FAMILY DOCTOR (NAME AND ADDRESS)						
PHONE						
<b>PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING</b>						✓
DIZZY SPELLS	EPILEPSY	HEART CONDITION	ASTHMA	BLACKOUTS	MIGRANES	OTHER
ALLERGIES (PLEASE SPECIFY)						
WHAT CARE IS NECESSARY?						

Any other Medical Conditions that our teaching staff should be aware of:

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**Consent to Medical Attention:**

In the event of an accident or illness and when it is not possible to communicate with me, I give permission for the teacher in charge to arrange whatever transport and/or medial attention he/she deems necessary for my child. I understand I will be responsible for any expenses incurred.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**I have read and understood the terms and conditions of Shee'k Dance Studio.**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Download our app now and stay up to date with all the latest information!**



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**Phone:** 0433 547 849

**Web:** [www.sheekdancestudio.com](http://www.sheekdancestudio.com)