



THE JAY  
SCHOOL *of* DANCE

ENROLMENT FORM 2020

NAME OF DANCER .....

DATE OF BIRTH .....

ADDRESS .....

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POSTAL ADDRESS (IF DIFFERENT)

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CONTACT NUMBER.....

EMAIL ADDRESS .....

PLEASE INFORM US OF ANY MEDICAL CONDITIONS

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By enrolling at the Jay school of dance you are authorising our usage of photos/videos taken of the students to be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE .....

DATE .....