THE INTERNATIONAL DANCE & DRAMA INSTITUTE OF ST.LUCIA LTD

(ST.LUCIA SCHOOL OF BALLET & MODERN DANCE)

ENROLMENT FORM

Please complete form in **BLOCK CAPITAL** Letters- Registration fee **-\$ 50.00**

Name:	
Home Address:	Telephone No.:
Date of Birth:	Age on Last Birthday:
Postal/Mailing Address (essential)):
	E-mail:
Name of School Attending:	
Names of Parents/Guardians:	
(name)	(Address)
	(Cell#)(Work#)
(relationship to applicant)	
	(Address)
	(Cell#)(Work#)
(relationship to applicant)	
Contact Person in Case of Emerge	ency: (name)
(address)	(home #) (Cell#)
(work #)	(relationship to applicant)
Sponsor of Fees for the Applicant:	: (name)
	(home #)
	(relationship to applicant)
How did you hear about us? □Word (Other)	d of Mouth □Radio Ad □TV Ad □Internet □Promo Literature
Has the Applicant had any previou	s Classical Ballet and/or Modern Dance Training?
□Yes □No	If "Yes", please answer the following questions
Name & Address of Dancing Scho	ol Attended:
Number of Years of Training:	Grades Completed:
Allergies/Medical Conditions:	
Additional Information:	
Please note that a terms writte	en notice must be given to withdraw from participation.
Signed:	Name (<i>PRINT</i>):
Relationship to Applicant:	Date:
	OR OFFICE USE ONLY
REG. FEE: \$	GRADE:
TUT. FEE: \$ UNIFORM: \$	DATE:
	SIGNATURE:
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