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| **GENERAL** | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | First Name | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | | | | | State | | | | | | | Postcode | | | |
| Telephone | | Home | | | | | | | | | | | | Mobile | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | | Age as of 01/01/19 | | | | | | | | | | | Sex (please circle) M / F | | | | | | | |
| VSN number (if known) | | | | | | | | | | USI number (if known) | | | | | | | | | | | | | | |
| Emergency Contacts | | | | | | Name | | | | | | | | | | | Phone | | | | | | | |
|  | | | | | | 1) | | | | | | | | | | | 1) | | | | | | | |
|  | | | | | | 2) | | | | | | | | | | | 2) | | | | | | | |
| How did you hear about Dance Factory? (please specify) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please tick your year level for 2019, the course you are enrolling for & your preferred day** | | | | | YR 10 | | | |  | | | | | YR 11 | | | | | |  | | YR 12 | |  |
| VET Dance  Units 1 & 2 | | | |  | | | | | VET Dance  Units 3 & 4 | | | | | |  | | VET Dance Cert III | |  |
| VCE Dance  Units 1 & 2 | | | |  | | | | | VCE Dance Units 3 & 4 | | | | | |  | |  | | |
| VET & Cert III | | | Wednesdays 2.30-6.30pm | | | | | |  | | | | | Saturdays 10.30am-2.30pm | | | | | | | | |  | |
| VCE Dance | | | Wednesdays 2.30-6.30pm | | | | | |  | | | | | | Saturdays 10.30am-2.30pm | | | | | | | |  | |
| **PERSON RESPONSIBLE FOR FEES** | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | First Name | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | | | | | State | | | | | | | Postcode | | | |
| Telephone | | | | Home | | | Mobile | | | | | | | | | | | Work | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | | | |
| **SCHOOL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| School |  | | | | | | | Contact Person | | | | | | | |  | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | | | State | | | | | | | Postcode | | | | | |
| Telephone | | | | | | | | | | | | Fax | | | | | | | | | | | | |
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| **DANCE TRAINING** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |
| Style of Dance | | | | | | | | | | | | | | Years of  Training | | | | | | | | | | | | Hours per Week | | | | | | | | | | School’s Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Teachers | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jazz | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |
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| Ballet | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |
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| Hip Hop | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |
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| Contemporary | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |
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| Other | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |
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| **STUDENTS MEDICAL HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |
| Have you ever suffered from any of the following conditions? Please Tick | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |
| Allergies | | | | | | | | | | | | |  | |  | |  | | Arthritis | | | | | | | | | | | | | |  | |  | |  | | Asthma | | | | | | | | | | | | | | |  | |  | |  | | Hepatitis | | | | | | | | | | | | |  | |  | |  | | Glandular Fever | | | | | | | | | | | | | | | |  | | |  |
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| Diabetes | | | | | | | | | | | | |  | |  | |  | | Epilepsy | | | | | | | | | | | | | |  | |  | |  | | Heart Disease | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |
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| Have you ever injured or suffered pain in any of the following areas? Please Tick | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |
| Ankles/Feet | | | | | | | | | | | | |  | |  | |  | | Knee | | | | | | | | | | | | | |  | |  | |  | | Hamstring | | | | | | | | | | | | | | |  | |  | |  | | Groin | | | | | | | | | | | | |  | |  | |  | | Hip | | | | | | | | | | | | | |  | |  | | |  |
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| Back | | | | | | | | | | | | |  | |  | |  | | Neck | | | | | | | | | | | | | |  | |  | |  | | Shoulder | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |
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| Have you ever been hospitalised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | Are you currently taking medication? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | | |  |
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| If you have ticked any of the above please give details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |
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| Parent/Guardian’s Signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **OFFICE USE ONLY** | | | | | | | | | |
| Acceptance Letter to Student |  | Fees  Paid |  | Acceptance  Form  Signed |  | Conf Email to School |  | VACC  Confirm  Rec’d |  |