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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 DanceUnits 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 |
| Email  |

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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 |  | FeesPaid |  | AcceptanceFormSigned |  | Conf Email to School |  | VACCConfirmRec’d |  |