



DANCEFACTORY

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## 2010 VCE Dance Enrolment Form

### GENERAL

Surname		First Name	
Address			
Suburb		State	Postcode
Telephone	Home	Mobile	
Email			
Date of Birth	Age as of 01/01/10	Sex (please circle) M / F	
How did you hear about Dance Factory? (please circle)			
Internet	Dance Train	Dance Australia	Word of Mouth
Other? (please specify)			

### PERSON RESPONSIBLE FOR FEES

Surname		First Name	
Address			
Suburb		State	Postcode
Telephone	Home	Mobile	Work
Email			

### SCHOOL INFORMATION

School	Units 1&2	Units 3&4	
VCE Co-ordinator	YR 10	YR 11	YR 12
Address			
Suburb		State	Postcode
Telephone		Fax	
Student ID No.		Email	

### OFFICE USE ONLY

Acceptance Letter to Student	Fees Paid	Acceptance Form Signed	Conf Email to School	VACC Confirm Rec'd
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## DANCE TRAINING

Style of Dance	Years of Training	Hours per Week	School's Name	Teachers
Jazz				
Classical				
Funk				
Tap				
Other				

## STUDENTS MEDICAL HISTORY

Have you ever suffered from any of the following conditions? Please Tick

Allergies

Arthritis

Asthma

Hepatitis

Glandular  
Fever

Diabetes

Epilepsy

Heart Disease

Have you ever injured or suffered pain in any of the following areas? Please Tick

Ankles/Feet

Knee

Hamstring

Groin

Hip

Back

Neck

Shoulder

Have you ever been hospitalised?

Are you currently taking medication?

If you have ticked any of the above please give details

Parent/Guardian's Signature: