



DANCEFACTORY

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2011 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
10YR
11YR
12

Address

Suburb

State

Postcode

Telephone

Fax

Student ID No.

Email

OFFICE USE ONLYAcceptance
Letter to
StudentFees
PaidAcceptance
Form
SignedConf Email to
SchoolVACC
Confirm
Rec'd

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: