

Student Details



Name (Student): _____

Date of Birth: _____ Medical Conditions: _____

Previous Experience: _____
(When completing the following please provide Parent Details, if the student is a child)

Mailing Address: _____

Billing Address: _____

Phone (H): _____ Phone (M): _____

Email: _____ Phone (W) _____

Next of Kin Details (Full Name): _____

Classes Requested

(Please refer to the Dance Central Schedule)

	Day	Time	Style	Level	Fee Applicable (Office Use Only)
1					\$
2					\$

Total Fee for Classes 1 & 2 \$

If you would like to enrol in more than TWO classes please turn over the page.

Where did you hear about Dance Central?

- Building Signage Online (Yellow Pages) Telephone Book
 Local Newspaper School Friend / Family
 Other _____

Email this page to info@dance-central.net or

Post to PO Box 307, North Fremantle, WA 6160