



DC Ballet Academy

Principal: D Craig L.I.S.T.D. (C.S.B)

207 The Stand
Bedford WA 6052
Tel: 08 9275 7465

Enrolment form

Name of child: _____

Address: _____

Telephone: _____

Date of birth: _____

School: _____

Has the child had any previous ballet training? _____

Do you wish your child to take examinations? _____

Has the child been recommended by a physician? _____

Conditions of enrolment

All fees are payable in advance and are to be paid by the 4th week of term. In the event of non payment of fees, misbehaviour of students etc... The principal reserves the right to terminate any students course at any time, with the student's fees being forfeited and all owing fees brought up to date. **THERE ARE NO REFUNDS OF FEES.**

The school will not accept any liability for accidental injury incurred on the premises, nor for any disability, or loss of time to personal effects of the students. The principal's decisions are final in all matters.

Date: _____

Signature of parent or guardian: _____