



# Student Information Sheet

Student's complete name: \_\_\_\_\_

Year, month, and date of birth: \_\_\_\_\_

Grade in school as of September 1st (if applicable): \_\_\_\_\_

School Name: \_\_\_\_\_

Does the student have any chronic physical ailments, medical restrictions, or other special considerations that we should know of? If yes, please be specific: \_\_\_\_\_  
\_\_\_\_\_

Person responsible for paying tuition: \_\_\_\_\_

Mothers complete name: \_\_\_\_\_

Adress: \_\_\_\_\_

City and Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's place of employment \_\_\_\_\_

Cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Fathers complete name: \_\_\_\_\_

address: \_\_\_\_\_

City and Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father's place of employment: \_\_\_\_\_

Cell phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Person responsible for transportation if other than the parent: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Previous Dance Training: Years \_\_\_\_\_ Subjects: \_\_\_\_\_  
\_\_\_\_\_