

The Studio. Performing Arts Academy Enrollment Form



<b>Office Use Only:</b>	
<b>Date of Enrolment:</b>	
<b>Student Name:</b>	
<b>Date of Birth:</b>	
<b>Parents/Guardians:</b>	
<b>Address:</b>	
<b>Email Address:</b>	
<b>Contact Info</b>	Home: _____ Mobile: _____
<b>Secondary Contact:</b>	Home: _____ Mobile: _____
<b>Student Contact (if Applicable):</b>	
<b>How did you hear about us? Please circle:</b>	Internet   Phone Directory   Facebook   Referral   Performance   Other
<b>Teacher:</b>	
<b>Instrument/Class:</b>	
<b>Studio:</b>	
<b>Lesson Day and Time:</b>	
<b>Week Commencing:</b>	
<b>Term:</b>	