

Thomas school

of dance

Enrolment Form - Student Details
(Please complete this form online and return this via email).

Student name:	Age:	Date of Birth:
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Parent/Guardian name:

Email (Invoices will be emailed):

Tel No:	Address:
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By enrolling your child at Thomas School of Dance you give permission for your child to appear in advertising materials including social media.

Please list any allergies, medical conditions or learning disabilities that your child has:

Please be aware that your own epi-pen should be bought to each class.

How did you hear about us?

Website Facebook/Instagram Word of mouth Other – Please specify

If fee payments are not paid by the due date, classes may cease.

Day	Class	Time