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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL** | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | First Name | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | | | | State | | | | | | Postcode | | | |
| Telephone | | Home | | | | | | | | | | | Mobile | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | Age as of 01/01/25 | | | | | | | | | Sex (please circle) M / F | | | | | | | | |
| VSN number (if known) | | | | | | | | USI number (if known) | | | | | | | | | | | | | | |
| Emergency Contacts | | | | | Name | | | | | | | | | Phone | | | | | | | | |
|  | | | | | 1) | | | | | | | | | 1) | | | | | | | | |
|  | | | | | 2) | | | | | | | | | 2) | | | | | | | | |
| How did you hear about Dance Factory? (please specify) | | | | | | | | | | | | | | | | | | | | | | |
| **Please tick your year level for 2025, the course you are enrolling for & your preferred day** | | | | YR 10 | |  | | | | | | YR 11 | | | |  | | | | YR 12 | |  |
| VET Dance  Units 1 & 2 | |  | | | | | | VET Dance  Units 3 & 4 | | | |  | | | | VET Dance Cert III | |  |
| Wednesdays  2-6pm | | | | | | | |  | | | | Saturdays  10am-2pm | | | | | |  |
| **PERSON RESPONSIBLE FOR FEES** | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | First Name | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | | | | State | | | | | | Postcode | | | |
| Telephone | | | Home | | | | Mobile | | | | | | | | | | Work | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | |
| **SCHOOL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| School |  | | | | | | | | | | | | | | Contact Person | | | | | |  | |
| Address | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | State | | | | | | | | Postcode | | | | |
| Telephone | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| **DANCE TRAINING (Prior training is not compulsory)** | | | | |
| Style of Dance | Years of  Training | Hours per Week | School’s Name | Teachers |
| Jazz |  |  |  |  |
|  |  |  |  |  |
| Ballet |  |  |  |  |
|  |  |  |  |  |
| Hip Hop |  |  |  |  |
|  |  |  |  |  |
| Lyrical |  |  |  |  |
|  |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |

**STUDENT MEDICAL HISTORY**

Have you ever suffered from any of the following conditions? Please tick

Allergies  Arthritis  Asthma  Hepatitis

 Glandular Fever Diabetes  Epilepsy Heart Disease

Have you ever injured or suffered pain in any of the following areas? Please tick

Ankles/Feet  Knee  Hamstring  Groin

 Hip Back  Neck Shoulder

Have you ever been hospitalised? 

Are you currently taking medication? 

If you have ticked any of the above please give details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | | | | | | | | | |
| Acceptance Letter to Student |  | Fees  Paid |  | Acceptance  Form  Signed |  | Conf Email to Student |  | Conf Email to School |  | VACC  Confirm  Rec’d |  |

Parent/Guardian’s Signature: