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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

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| **OFFICE USE ONLY** |
| Acceptance Letter to Student |  | FeesPaid |  | AcceptanceFormSigned |  | Conf Email to Student |  | Conf Email to School |  | VACCConfirmRec’d |  |

Parent/Guardian’s Signature: