

American Ballet School

2180 N. Salem Street #105 Apex, NC 27523
Phone: 919-290-2992 email: kvoll@nc.rr.com
www.americanballetschool.com

REGISTRATION FORM

Student's Name: _____ Hm. Phone: _____

Mom's name (w) phone (cell) (email)

Dad's name (w) phone (cell) (email)

CLASS SELECTION(S):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Check All That Apply:

Christmas Performance (Grade 1 and up only) Yes _____ No _____

Spring Recital Yes _____ No _____

Registration Fee: _____

Monthly Tuition: _____

(Over)

Student's Home Address Street City Zip

Date of birth Age Grade Traditional: _____ Year Round _____

Name of School

Any health issues: _____

Number of year's Studied: _____
 Ballet Jazz Tap Lyrical Other

Number of years other physical activity: _____

Describe other dance experience: _____

Describe performance experience: _____

Other interests: _____

Reason for studying dance: _____

How did you find out about us?: _____

Photo Release: I hereby give permission for American Ballet School to take photo's and/or videos to use for the purposes of promoting the school.

Date _____ Signed _____