

**QUEENSLAND DANCE CENTRE  
UNDER 16 STUDENT ENROLLMENT  
FORM**



**STUDENT INFORMATION**

*Information about the student who is being enrolled.*

Family Name:		Given Names:	
Date of birth:	Age:	Gender:	
Current address:			
Email:			
Mobile:		Messaging Service:	

**DESIRED COURSE(S)**

*Please identify the course(s) into which the student is being enrolled.*

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**PRIMARY GUARDIAN INFORMATION**

*Please identify the person who is to be QDC's primary contact for this student.*

Family Name:		Given Names:	
Address:			
Email:			
Mobile:			
Relationship to Student:			

**PREVIOUS DANCE TUITION**

*Please identify if the student has had any previous dance tuition.*

Past School:	RAD Candidate Number:
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### HEALTH INFORMATION

Please identify if the student has any of the following health issues.

Asthma:  Heart:  Epilepsy:  ADHD:  Allergies:  Other:

If other, please give more details:

Does the student require an Epi-Pen?

Yes:  No:

Does the student self-administer any medication?

### MARKETING

From time to time, QDC may send emails to inform you of events, special offers and the like.

Please add me to your mailing list:

### SIGNATURES

Information on this form is collected and retained according to QDC's policies, which are available at <http://qdc.dance/QDC/policies/policies.php>.

By signing you indicate that you have read and understood Queensland Dance Centre's policies and wish to enroll.

Student:

Date:

Guardian:

Date:

### FOR OFFICE USE ONLY

Unique Student No.:

Date Enrolled:

Fee:

Discount Applied:

Enrolling Staff:

