

The Macholah Ballet _____

Application for Enrollment 2009-2010

Student Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

Mother: _____ Employment: _____

Cell Number: _____

Father: _____ Employment: _____

Cell Number: _____

Student's Age as of Sept. 1, 2009: _____ Date of Birth: _____

School Attending: _____ Church: _____

Dance Education: _____

EMERGENCY INFO – Name and number of friend or family member

Name: _____ Phone: _____

Name: _____ Phone: _____

Confidential. Please answer if the student is under age 18.

Student lives with: ___ both parents ___ mother ___ father ___ other

Medical/Medication: _____

How did you hear about the school? _____