p1 | p12 | p2 | p23 | p34 | p45 | sl | Sib | ila | ilb | i23 | Dif | Jrl | Jr2 | Ap | Tr | Col | Sch | zl2 | z23 | z3 | hl | h2 | tl2 | | Jan | hs | Nut | Spg

Gainesville School of Ballet

09-10 Student Information

Date ___/___/___ *D.O.B.* ___/___/___

Name _____ _____ *Age* _____

(As you want it to appear on the recital program, no middle names) *Likes to be called*

Address _____ *City* _____ *Zip* _____

Home Phone _____ *Student's Cell* _____ *County* _____

Academic School _____ *Grade* _____ *Dismissal Time* _____

Previous Dance Experienc _____ *Siblings Enrolled* _____

Mother's Name _____

Occupation _____

Cell Phone _____ *Work Phone* _____

Father's Name _____

Occupation _____

Cell Phone _____ *Work Phone* _____

E-mail Address _____ *How did you hear about us?* _____

Person Responsible for Account _____ *Address* _____ *Phone* _____

Emergency Contact (other than parent) _____ *Phone* _____ _____

Family Physician _____ *Phone* _____ _____

Health problems we should know about? _____

Notes: _____

c:\sw\registration\09-10 ALL Student Info Card

New *OFFICE USE ONLY* *Rtng*

Day *Time* *Level* *Teacher* *Studio* *RB* _____

Day *Time* *Level* *Teacher* *Studio* *RB* _____

Day *Time* *Level* *Teacher* *Studio* *RB* _____

Hrs/Wk *Tuition* *Reg Pd* *Aug Pd* *Ck No*

CB *Stu & Tu* *Dailies* *ID No* *Reg Date*

Age *Teacher Recommendation* _____