



MARLBOROUGH  
ACADEMY of DANCE

# ENROLMENT

Please email your completed form to:  
[info@marlboroughacademyofdance.co.nz](mailto:info@marlboroughacademyofdance.co.nz)

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

PARENT/CAREGIVER FULL NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## BACKUP EMERGENCY CONTACT

FULL NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## CLASS/S YOU WISH TO ENROL IN

(tick all that apply)

HIGHLAND

JAZZ

CONTEMPORARY

ACRO

HIP HOP

## PLEASE DETAIL ANY PREVIOUS EXPERIENCE

(In case you are coming to us from another studio/town)

## PLEASE STATE ANY MEDICAL CONDITIONS

(That may impact you during class or performance. I.e: severe allergies, asthma, diabetes, hearing or sight impaired, or injuries we should know about)

We will do our best to offer you a space in the most appropriate grade for your age/experience.

Please note that we run a very busy timetable, which requires adjustment throughout the year. Each style and grade run at set times on set days and as such we cannot offer a place on the basis of individual preferred day/time.

Where your child's grade is split into multiple classes at the same level and there is space, we will provide you with those options to choose from.

**WE LOOK FORWARD TO SEEING YOU IN CLASS!**