

Enrolment Form

Office use only Entered:

Branch To Be Enrolled At: <i>(Please Circle)</i>	Morphett Vale	Murray Bridge
Customer Details		
Name Of Person Responsible For All Tuition Fees & Accounts:		
Relationship To Student/s:		
Home Address:		Post Code
Postal Address: (If Different)		Post Code
Contact Phone Numbers: Home:	Work:	Mobile:
Email Address: <i>(PRINT CLEARLY this is our main form of correspondence – all accounts and notices will be emailed to this address)</i>		
Occupation:		
2nd Parent Or Caregiver Name:		
Relationship To Student/s:		
Contact Phone Number:	Occupation:	
In Case Of An Emergency - Contact <i>(If Different To Above Please Include Phone Number)</i>		
<p align="center">Are any Family Court Orders in existence that we need to be aware of that may affect the safety & wellbeing of your child/children, other students and staff? If not please ignore, if yes please supply details on a separate sheet of paper and submit in a sealed envelope addressed to Jayson Smart, Director Unlimited Feet Performing Arts. If situation changes please advise.</p>		

1st Student Details		
Student Name:		
Date Of Birth:	Age:	Gender: <i>(Please Circle)</i> Male Female
Home Address:		
Any Health Details And Or Medication We Need To Be Aware Of:		
How Student Found Out About These Classes:		
Class Or Classes To Be Enrolled In:		Date Started:

2nd Student Details		
Student Name:		
Date Of Birth:	Age:	Gender: <i>(Please Circle)</i> Male Female
Home Address:		
Any Health Details And Or Medication We Need To Be Aware Of:		
How Student Found Out About These Classes:		
Class Or Classes To Be Enrolled In:		Date Started:

PLEASE TURN OVER FURTHER DETAILS ON NEXT PAGE

3 rd Student Details		
Student Name:		
Date Of Birth:	Age:	Gender: <i>(Please Circle)</i> Male Female
Home Address:		
Any Health Details And Or Medication We Need To Be Aware Of:		
How Student Found Out About These Classes:		
Class Or Classes To Be Enrolled In:		Date Started:

4 th Student Details		
Student Name:		
Date Of Birth:	Age:	Gender: <i>(Please Circle)</i> Male Female
Home Address:		
Any Health Details And Or Medication We Need To Be Aware Of:		
How Student Found Out About These Classes:		
Class Or Classes To Be Enrolled In:		Date Started:

Consent	
Do You Give Consent To Photographs Of The Student/s Being Used In Newspaper Articles And Web Sites? <i>(Please Circle)</i> Yes No	
<p>I have read and understood Unlimited Feet Performing Arts (UFPA) Terms and Conditions and understand that I am responsible for the payment of all tuition fees and accounts including the once a year payment of the Student Advancement Fund & Enrolment Levy (SAF) at \$20 per student. I acknowledge that payment of all tuition fees and accounts will be paid by the due date and accept that a \$30.00 administration fee may be added if fees are not paid by this date.</p>	
Signed:	Date: