

# Enrolment Form

Office use only Entered:
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<b>Branch To Be Enrolled At:</b> <i>(Please Circle)</i>	Morphett Vale	Murray Bridge
<b>Customer Details</b>		
<b>Name Of Person Responsible For All Tuition Fees &amp; Accounts:</b>		
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:		
<b>2<sup>nd</sup> Parent Or Caregiver Name:</b>		
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"><b>Are any Family Court Orders in existence that we need to be aware of that may affect the safety &amp; 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.</b></p>		

<b>1<sup>st</sup> Student Details</b>		
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:

<b>2<sup>nd</sup> Student Details</b>		
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 <sup>rd</sup> 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 <sup>th</sup> 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><b>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 &amp; 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.</b></p>	
Signed:	Date: