

STUDENT DETAILS

Surname:		Given Names:	
Address:			
City/Suburb:		Post Code:	
Date of Birth:	---/---/---	2008 Education School Attending:	
Medical Conditions if any:			
Doctors Name:		Phone Number:	

Parent / guardian information

Parent/Guardian Surname:	First Name:	Phone:
Accounts payable contact person is:	<i>I/we agree to pay term invoices in full by week five unless otherwise arranged by email or by phone with Guy in accounts.</i> <input type="checkbox"/> YES/NO	
Postal Address or accounts <i>Same as above</i> <input type="checkbox"/> <i>or</i>		
Email Address: <i>This information is used for sending account receipts and newsletters</i>		
Home phone:	Mobile phone:	
<ul style="list-style-type: none"> <i>I/we give permission to take your child to the nearest hospital or doctors for medical attention if the need arises? YES/NO</i> <i>I/we give permission to use 2007 concert and/or 2007 dancestar school photos on the school website at http://www.hpac.net.au YES/NO</i> <i>I _____ agree to my child _____ being enrolled at HPAC and understand that my child will be dancing at his / her own risk. HPAC will take no responsibility for any loss or damage to personal property. I understand and agree that HPAC does not accept liability for loss or damage.</i> 		
Signature of parent/guardian _____ DATE _____		

FOR NEW STUDENTS—PREVIOUS DANCE EXPERIENCE:

2008 CLASSES ENROLLED

CLASS CODE	Description	Teacher	Amount \$
ENR.	Annual Enrolment fee \$15 junior \$30 for seniors. Family discounts, \$50 maximum for 2 or more children		

Please return the application to 'Harbour Performing Arts Centre', P.O.Box 6882, Coffs Harbour Plaza 2450 or to the studios on enrolment days.