

# THE BALLET SCHOOL STUDENT CONTRACT

Please make a copy of this form for your records. Submission of this contract does not guarantee your choice of class placement. **Payment must be received for registration to be complete.** Contact the Ballet School for help calculating fees. You will receive confirmation of your registration.

Student's Name \_\_\_\_\_ Age by Aug 31 \_\_\_\_\_

Male/Female Birth date \_\_\_\_\_ Parent email \_\_\_\_\_

Academic School \_\_\_\_\_ Grade in fall \_\_\_\_\_

1) Mother's Name \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell/pager # \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip)

2) Father's / Other's Name \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell/Pager # \_\_\_\_\_ Work # \_\_\_\_\_

Address (if different) \_\_\_\_\_  
(Street) (City) (Zip)

## PRE-REGISTRATION INFORMATION (To be completed before July 1 only)

1) Class placement (from evaluation or by age): \_\_\_\_\_

Day preferred: \_\_\_\_\_ Teacher preferred: \_\_\_\_\_

2) Class placement: \_\_\_\_\_

Day preferred: \_\_\_\_\_ Teacher preferred: \_\_\_\_\_

3) Class placement: \_\_\_\_\_

Day preferred: \_\_\_\_\_ Teacher preferred: \_\_\_\_\_

## FALL REGISTRATION (After July 1)

Class Enrollment:	Class Name	Day(s)	Time
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

◆ I ACKNOWLEDGE that I have read, I understand and I agree to the policies of The Ballet School of Chapel Hill as stated on page 2 of the studio schedule. ◆

**Payer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## FOR OFFICE USE ONLY

Recital Fee: \_\_\_\_\_ Monthly Fee: \_\_\_\_\_ Total Deposit Owed: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Method of Payment (Ck #): \_\_\_\_\_ Amount Received: \_\_\_\_\_