

BOOK:  
COMPUTER:

VERIFY:  
RECEIPT:

# 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 \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Academic School \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Contact #1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Email \_\_\_\_\_

(Please print!)

Address \_\_\_\_\_ NEW?

(Street)

(City)

(Zip)

Contact #2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Email \_\_\_\_\_

(Please print!)

Address \_\_\_\_\_

(Street)

(City)

(Zip)

## REGISTRATION INFORMATION (Please complete)

TRIAL :

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: \_\_\_\_\_

◆ I ACKNOWLEDGE that I have read, I understand and I agree to the policies of the Ballet School of Chapel Hill. ◆

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

## FOR OFFICE USE ONLY: CLASS PLACEMENT

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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

Staff Signature: \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Amount Received: \_\_\_\_\_