

Office Use  
JR: Receipt:

# THE BALLET SCHOOL STUDENT CONTRACT

Submission of this contract does not guarantee class placement. Payment must be received to process registration.

Be sure to include your registration fee & recital fee with your payment. Please contact the Ballet School for help calculating fees. Thank you!

Student's Name \_\_\_\_\_ New to the Ballet School? \_\_\_\_ Child or Adult Student?

M/F/NB \_\_\_\_\_ Birthdate \_\_\_\_\_ Age by 8/25 \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Recital? Yes or No  
(school/grade/recital for child student)

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

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Email \_\_\_\_\_  
(Please print!)

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

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

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Email \_\_\_\_\_  
(Please print!)

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

1) Class \_\_\_\_\_ Level: \_\_\_\_\_ Day: \_\_\_\_\_

2) Class \_\_\_\_\_ Level: \_\_\_\_\_ Day: \_\_\_\_\_

3) Class \_\_\_\_\_ Level: \_\_\_\_\_ Day: \_\_\_\_\_

4) Class \_\_\_\_\_ Level: \_\_\_\_\_ Day: \_\_\_\_\_

5) Class \_\_\_\_\_ Level: \_\_\_\_\_ Day: \_\_\_\_\_

**ADULT STUDENTS ONLY: # of CLASSES – SESSION 1 (8/25-10/25) SIX CLASS MINIMUM: \_\_\_\_\_**

◆ 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:

1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

Monthly Fee: \_\_\_\_\_ Reg. Fee: \_\_\_\_\_ Recital Fee: \_\_\_\_\_ Total Owed: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Method of Paymt.: \_\_\_\_\_ Amt. Received: \_\_\_\_\_ Bal Due: \_\_\_\_\_

Drop: \_\_\_\_\_ Transfer: \_\_\_\_\_

Refund Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Method of Refund: \_\_\_\_\_

Notes: \_\_\_\_\_