

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 8/31 _____ 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 (8/31-11/1) 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: _____