

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: _____