

Victorian Dance Academy

SCHOOL OF PERFORMING ARTS

Principal: KERRIE FRASER

Dip. of Arts (Dance); B. App. Sci. Human Movement; B. Ed. (Dance)

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ENROLMENT FORM

Student Name: _____ Date of Birth: _____

Address: _____

Post code: _____

Parent/ Guardian Name(s): _____

Contact Phone Numbers ~ Home: _____ Work: _____

Mobile: _____ E-mail: _____

(to receive VDA newsletters on line)

Classes enrolling in:

DAY

CLASS

DURATION

DAY	CLASS	DURATION

Total hours/ week: _____

Term Fee: \$ _____

Less 10% discount *(only for second child in family enrolled)* - _____



Total cost: \$ _____

***Places will only be guaranteed with full payment of Term fees. Thank you.**

Paid by: Cheque Cash Credit Card Direct Payment (Internet)

Credit Card number _____ Expiry Date ____ / ____

Signature: _____

Date: _____