

Fill out request Fall Class form, and return to [kcangelosi1@cox.net](mailto:kcangelosi1@cox.net)

Name of student \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Parents Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell # \_\_\_\_\_

Email Address/es \_\_\_\_\_

Date of birth \_\_\_\_\_ age \_\_\_\_\_ Academic Grade \_\_\_\_\_

List Academic School \_\_\_\_\_

Dance Level \_\_\_\_\_

Dance Day/s Desire \_\_\_\_\_ Dance Time Desire \_\_\_\_\_

Past Dance Studio Experience

Responsible Parent/s Signature \_\_\_\_\_

\_\_\_\_\_