



SUMMER 2018 STUDENT RECORD

STUDENT INFORMATION		
STUDENT NAME		
ADDRESS		
CITY	STATE	ZIP
HOME PHONE NUMBER	STUDENT CELL PHONE NUMBER (IF ANY)	
DATE OF BIRTH	AGE	
MOTHER'S/GUARDIAN 1'S NAME	FATHER'S/GUARDIAN 2'S NAME	
BEST CONTACT NUMBER	BEST CONTACT NUMBER	
EMAIL ADDRESS	EMAIL ADDRESS	
IF NEW STUDENT, HOW DID YOU HEAR ABOUT US?		

For Office Use Only

SUMMER CLASS SCHEDULE							
Class	Level	Mon	Tues	Wed	Thurs		
Summer Intensive							
<i>If taking Summer Intensive, input level above; otherwise, indicate individual classes and days below.</i>							
Ballet Tech	LEVEL						
Pointe/Pre-Pointe	LEVEL						
Other:							
Other:							
Other:							
Other:							
Other:							

SUMMER INTENSIVE PAYMENTS							
Level	Full Month	Week 1	Week 2	Week 3	Week 4	Comments/Notes	Initials
Summer Intensive							
Weekly							
Daily							
Drop - In							