



MICHELE POPE
STUDIO OF DANCE

APPLICATION FOR ENROLMENT

PUPIL'S DETAILS	
Full Name	
Date of Birth	
School	
Full Name of Parent/Guardian	
ID Number of Parent/Guardian	
Previous Dancing Experience	
Injuries / Medical Issues / Other Information	

PARENT/GUARDIAN'S DETAILS	
Full Name	
Identity Number	
Telephone Numbers	(H) (W) (CELL)
Email Address	
Physical Address (including postal code)	

****Two payment options are available. Please select the option most appropriate for your finances.***

FEE PAYMENT OPTIONS	
Termly (4 payments per year) Termly payments are to be received by the Studio within the 1st month of the term via debit order	
Monthly (12 payments per year) Monthly payment are to be made by no later than 26th of the month via debit order	



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I, the undersigned Parent/Guardian of the Pupil, hereby make application for the enrolment of the Pupil with the Studio, and acknowledge and agree that the attached Terms and Conditions of Enrolment (which have been initialed by me) shall apply to the enrolment of the Pupil with the Studio should this application for enrolment be successful.

Signature:	
Name of signatory:	
Designation of signatory (ie: parent/guardian/other relationship):	
Date of signature:	
Place of signature:	

Acceptance of Application of Enrolment on behalf of Michele Pope's Studio of Dance

Signature:	
Name of signatory:	Mrs M Du Preez
Designation of signatory:	Proprietor L.I.S.T.D. CECCHETTI METHOD
Date of signature:	
Place of signature:	