



AMY NEWTON DANCE STUDIOS



STUDENT ENROLMENT FORM 2026



All parents/students are required to join our Band app upon enrolment for all yearly info, practice videos, newsletters and events.

- Download the app - Register details using full names - Search 'Amy Newton Dance Studios' - Request membership - Wait for admin approval

STUDENT FIRST NAME: _____

STUDENT SURNAME: _____

STUDENT D.O.B: _____ Mob: _____

ADDRESS: _____

SUBURB/CITY: _____

POSTCODE: _____

ENROLLED CLASSES (eg; Jnr-Int Ballet, Jnr Hip Hop etc): _____

PERMISSION TO LEAVE: **If under the age of 18. Please highlight/circle one of the following**

- A. My child IS allowed to leave the premises after class and will be picked up outside or can walk/ride home.
B. My child is NOT allowed to leave the premises and must wait for parent/guardian to come in and pick them up.

The following emails are required for invoicing. First Email is to be primary, and second if any as back up. Please write clearly

Primary EMAIL: _____

Second EMAIL: _____

To maintain best tuition/modifications and understanding please list any of following if any. Attach a separate sheet with any necessary procedures/info or fill in more details on back of this form

PREVIOUS HISTORY: eg; dance/gymnastics/martial arts etc. Where.. Years...

MEDICAL/INJURY/BEHAVIOURAL: (examples: asthma, anaphylaxis, epilepsy autism, adhd, spinal conditions etc)

In case of Emergencies. Please provide 2 best contacts. Can list 2 numbers if need under each contact.

1ST PARENT/GUARDIAN/NEXT OF KIN:

FULL NAME: _____ RELATION: _____

MOBILE/PH: _____

2ND PARENT/GUARDIAN/NEXT OF KIN:

FULL NAME: _____ RELATION: _____

MOBILE/PH: _____

In signing this enrolment form you acknowledge and declare that the above information is correct and that yourself/enrolled child is physically prepared and is dancing at own risk. You agree and accept that you have read the current policies and conditions of Amy Newton Dance Studios out-laid on our website and stand by the rules within. You understand and agree to a media release that myself/my child may be filmed/photographed during classes/performances which is only to be used for School practice videos and/or School promotional purposes only.

Parent/Guardian/Student Signature (18 & over): _____ Dated: _____

Name Printed: _____

STAFF ADMIN ONLY:

CHECKED BY: _____ DATE: _____

SQUARE ENTERED: _____ DATE: _____