

Ibsen Dance Theatre

Enrollment Form

260 NE Barry Road
KCMO 64155
816-436-7277

Students
Name _____ Parent's Name _____

Address _____

City _____ State _____ Zip _____

Mothers
Telephone _____ WorkTelephone _____ Cell _____

Father Home
Telephone _____ WorkTelephone _____ Cell _____

Contact E-Mail
Address _____ StudentCell _____

Student's Age _____ Date of Birth _____ Grade _____ School _____

PLEASE ENROLL ME IN:

1) Class Title _____ Day _____ Time _____

2) Class Title _____ Day _____ Time _____

3) Class Title _____ Day _____ Time _____

4) Class Title _____ Day _____ Time _____

5) Class Title _____ Day _____ Time _____

6) Class Title _____ Day _____ Time _____

NEW STUDENT INFORMATION

Previous Dance School _____ How Long _____

How did you hear about our school? _____

I have read and agree to the tuition and general policies explained in Ibsen Dance Theatre's brochure.

Signature _____ Date: _____
(Parent, guardian or student over 18)