

**Ibsen Dance Theatre**  
**Enrollment Form**  
**260 NE Barry Road, KCMO 64155**  
**816-436-7277**

Students  
Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Mothers  
Cell \_\_\_\_\_ WorkTelephone \_\_\_\_\_

Father  
Cell \_\_\_\_\_ WorkTelephone \_\_\_\_\_

Contact E-Mail \_\_\_\_\_ Student Cell \_\_\_\_\_

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)