



Teacher to complete:
Class: _____
Day: _____ Time: _____

Student Enrolment Form - CHILD

1st Student

Surname: _____

Given Names: _____

Date of Birth: _____

2nd Student

Surname: _____

Given Names: _____

Date of Birth: _____

3rd Student

Surname: _____

Given Names: _____

Date of Birth: _____

How did you hear about Red Hot Rhythm's classes?: _____

CONTACT DETAILS

Address: _____

_____ Postcode: _____

Home Phone: _____ Mobile: _____

Email 1: _____

Email 2: _____

Mother's Details

Name: _____

Work Phone: _____

Occupation: _____

Father's Details

Name: _____

Work Phone: _____

Occupation _____

Note: All information gathered will be kept strictly confidential.

Permission Form

Permission is given to photograph or video students to be used for publicity, memorabilia, or archival purposes.

Name of Parent/Guardian

Signature

Date

Please also advise of any disabilities, conditions or injuries in which the teacher should be aware of.

**WE LOOK FORWARD TO
TEACHING YOU & HOPE YOU
ENJOY YOUR CLASSES WITH
RHR.**

**DON'T FORGET YOUR
SHOES!**

TAP IS BACK!