

*School of*  
B A L L E T O K L A H O M A

CLASSES START  
AUGUST 18, 2008

REGISTRATION FORM | NEW STUDENT

DATE .....

STUDENT'S NAME .....

ADDRESS .....

CITY | STATE | ZIP .....

HOME PHONE .....

STUDENT'S BIRTHDATE ..... AGE .....

STUDENT'S ACADEMIC SCHOOL | GRADE .....

PARENTS' NAMES .....

PLACE OF EMPLOYMENT

MOTHER .....

HOME PHONE ..... CELL PHONE .....

E-MAIL .....

FATHER .....

HOME PHONE ..... CELL PHONE .....

E-MAIL .....

CONTACT IN CASE OF EMERGENCY {OTHER THAN PARENTS}

NAME & RELATIONSHIP .....

HOME PHONE ..... CELL ..... WORK .....

NAMES OF PREVIOUS DANCE SCHOOLS .....

NUMBER OF YEARS | IN BALLET ..... ON POINTE ..... IN JAZZ ..... IN TAP ..... IN GYMNASTICS .....

LIST STUDENT'S MEDICAL CONDITIONS, IF ANY {ASTHMA, ALLERGIES, DYSLEXIA, ETC.}

PARENTS' INVOLVEMENT | IS PARENT CURRENTLY A BOARD MEMBER, SEASON SUBSCRIBER OR VOLUNTEER?

ARE YOU INTERESTED IN CARPOOLING?  YES  NO

WOULD YOU LIKE TO BE INCLUDED IN THE ANNUAL SCHOOL OF BALLET OKLAHOMA DIRECTORY?

YES  NO

O F F I C E U S E O N L Y

PLACEMENT CLASS DATE & DIVISION

DATE PLACED

DEPOSIT

RETURN COMPLETED FORM TO:

Address 7421 North Classen | Oklahoma City, OK 73116-7196

Phone 405.843.9898 | Fax 405.843.9894 | Web www.balletoklahoma.com