WDS ENROLMENT 2024 / INSKRYWING 2024

Name:		Surname:	
Date of Birth:	Age:	Date of lesson:	
ID Number:			
Postal Address:			
PARENTS INFORM	ATION:		
Name and Surname	:	Cell Number:	
Email:			
PERSON RESPONS	SIBLE FOR PAYMENT		
Name:		Email:	
	ow in which classes your c	hild will be participating.	,
Please indicate bel	complete which level)		,
Please indicate bel	complete which level) Hip Hop	Full Package Jnr	,
Please indicate below (Your teacher will of Ballet Modern Tap	Complete which level) Hip Hop Contemporary Musical Theatre		,
Please indicate below (Your teacher will of Ballet Modern Tap In Case of Emerger Name: Terms and Condition There is no receive the Teachers will be Teachers will be Teachers will Fees are pay month/term Unless altern	Relation to Dancer: ons eduction for non-attendance no lessons during school hold not be held responsible for signature arrangements were ma	Full Package Jnr Full Package Snr Show class Cell: idays or public holidays students before or after their lefore during the first week of the by the signatory, all outstants.	esson times
Please indicate below (Your teacher will of Ballet Modern Tap In Case of Emerger Name: Terms and Condition There is no reachers will be Teachers will be Teachers will be Unless altern accounts will Herewith, I enroll my	Relation to Dancer: Beduction for non-attendance no lessons during school hold not be held responsible for stative arrangements were made be subjected to a 10% increase.	Full Package Jnr Full Package Snr Show class Cell: idays or public holidays students before or after their lefore during the first week of the by the signatory, all outstants.	esson times the nding

Menlyn Branch. 259 745 Account Number. 62791094172 Ref: Learners Name