The Susan Lopez School of Ballet
Fall 2011/Spring 2012 Registration Form

Student Name _____Phone( )_____

Home Address _____
Street Address City State Zip Code

Female Male Date of Birth_____ Age___ Academic School _____ Grade (Fall 11) _____

I have been a student at The Susan Lopez School of Ballet. Year_____ Level____

I am a new student ___My previous ballet school_____ Years I have studied ballet_____

Mother's/Guardian's Name_____ Phone (H)_____ (W)_____

Home Address _____
Street Address City State zip code

Occupation _____
Position Employer Fax e-mail

Father's/Guardian's Name _____ Phone (H) _____ (W) _____

Home Address_____
Street Address City State zip code

Occupation_____
Position Employer Fax e-mail

Billing Name & Address, if different from above_____

Below please check off the program that you will be attending. Pre-primary/primary students <u>please specify</u>

<u>the day.</u>

Pre-Primary _____ Primary _____Pre-Trainee I_____Trainee I _____Trainee II_____III _____Trainee IV _____

Trainee V_____VI_____ Pre-Tap_____Tap I_____Tap II_____Adult _____

Payment Amount: Non-refundable registration fee **$** _____50.00

Non-Refundable Performacne Fee $_____125.00

Tuition Total $ _____

TOTAL $_____