

DANCE AVENUE REGISTRATION FORM
MOONEE PONDS WEST PRIMARY SCHOOL

Student Name: _____

Date of Birth: _____ Grade: _____

Student Name: _____

Date of Birth: _____ Grade: _____

Parent/ Guardian name: _____

Contact no.: _____

Email: _____

Does your child have any illnesses or allergies that we need to be aware of or any concerns that you may have? If yes, please list/explain:

We would love to welcome your child to Dance Avenue and we look forward to a fun and exciting dancing journey together.

Signed: _____ Dated: _____