



Stockton School of Performing Arts

Student Registration Form

2008-2009

Student's Name:

Age:

Date of Birth:

Address:

City:

Zip Code:

Parent's Name:

Daytime Phone:

Evening Phone:

Cell Phone:

E-mail address:

In case of emergency contact name:

Phone:

Please check all classes that you are interested in and indicate years of experience (if any):

<u>Class</u>	<u>Years of Experience</u>	<u>Class</u>	<u>Years of Experience</u>
Tap		Singing	
Ballet		Hip Hop	
Jazz		Technique	

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FOR STAFF USE ONLY

Date of Enrollment

Starting Date

Classes

Amount Paid