

# LYNCH SCHOOL OF BALLET

## REGISTRATION FORM

### CONTACT INFORMATION:

Student Name \_\_\_\_\_  
Last First M.I.

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Parent's Cell/ Work \_\_\_\_\_  
\_\_\_\_\_

Student's Cell \_\_\_\_\_

Parent's Email \_\_\_\_\_

Student's Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Phone Number  
\_\_\_\_\_  
Alternative Phone Number  
\_\_\_\_\_

### STUDENT INFORMATION:

Date of Birth \_\_\_\_\_

Academic School \_\_\_\_\_ Grade \_\_\_\_\_

Previous Ballet School \_\_\_\_\_ Years of Training \_\_\_\_\_