

REQUIRED CLASSES AND RECOMMENDATIONS

(detach and keep top portion for referral)

Student's Name:

Level:

Recommended Classes:

M

T

W

TH

F

S

Required Classes:

M

T

W

TH

F

S

Conference requested - Please call to make an appointment.

Teacher comments:

CURRICULUM & CLASS RESERVATION FORM

All students must submit a curriculum & class reservation form for instructor approval before August 26th. Please complete and mail this form with the \$50.00 annual enrollment fee to: Professional Ballet School, 425 Harbor Blvd. #3, Belmont, CA 94002.

Student's Name:

Address:

Phone#:

E-Mail:

Classes student will be taking per instructor's recommendation and approval:

M

T

W

TH

F

S

Parent signature: _____

Instructor's signature: _____