

**JUDY HAKES SCHOOL OF DANCE
New Student Registration Form**

Do you have another Family Member dancing here? (Y / N) If Y, Who? _____

Student last name: _____

First Name: _____

Student telephone: _____

Student Birth Date: _____ (not applicable for Adults)

E-mail address: _____

Parent last name: _____

Parent first name: _____

Street Address: _____

City, State, Zip: _____

Parent Telephone: _____
(if different)

Additional parent name: _____

Phone: _____

Other responsible party: _____

Relationship: _____

Phone: _____

Additional information: _____

