

Please check one:	
Ballet 1	
Ballet 2	
Ballet 3	
Ballet 4A or 4B	
Ballet 5	

MDSB 2018-2019 Registration Form- CLASSICAL BALLET DIVISION

Ctudent Name		Candan
Student Name Date of Birth		Gender
Street Address		Age
		Zip Code
City Academic School		Grade
Academic School		Graue
	Mother and/or Guardian	Father and/or Guardian
Name	Wother and/or Guardian	rather and/or Guardian
Home Phone		
Cell Phone		
Work Phone (s)		
Email Address (s)		
Eman Address (s)		
Emergency Contact Inform	ation	
Name	MV2V2A	
Relationship to		
Student		
Phone		
Medical History Information	n	
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Please list any know medica	d problems, allergies, or medications	being taken:
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	l problems, allergies, or medications	being taken:
Family Physician:	l problems, allergies, or medications	being taken:
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Family Physician: Physician's Phone:	al problems, allergies, or medications	being taken:
Family Physician: Physician's Phone: Dance Training History		being taken:
Family Physician: Physician's Phone: Dance Training History Ballet Technique	Years:	being taken:
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Family Physician: Physician's Phone: Dance Training History Ballet Technique Ballet Pointe Previous Dance Schools	Years: Years:	being taken:
Family Physician: Physician's Phone: Dance Training History Ballet Technique Ballet Pointe	Years: Years:	being taken:
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