



THE CLAY ACADEMY OF DANCE ARTS

## APPLICATION FOR ADMISSION

### STUDENT ACCOUNT INFORMATION

LAST NAME / FIRST NAME \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

TIME OF DISMISSAL \_\_\_\_\_ AGE \_\_\_\_\_

BIRTHDAY \_\_\_\_\_

PREVIOUS DANCE TRAINING \_\_\_\_\_

\_\_\_\_\_

MEDICAL CONDITION / MEDICATIONS \_\_\_\_\_

### PARENT OR LEGAL GUARDIAN INFORMATION

LAST NAME / FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SUZANNE TUDOR - DIRECTOR

clayacademyofdancearts@comcast.net 400 ST. JOHNS AVENUE, GREEN COVE SPRINGS, 32043 904-284-8077

MEMBER DANCE MASTERS OF AMERICA