



THE ACADEMY OF DANCE

2024-2025 Supplemental Student Information Form

Student's Name: _____ AOD Level: _____

Academic School and District: _____

Select any that apply: homeschool/co-op online school private school

Person Responsible for Tuition: _____ Phone: _____

Student is dancing for: health enjoyment professional aspirations other: _____

Physician's Name: _____ Phone: _____

Does your student have any chronic medical conditions that may impact their dancing or require special attention? (e.g. asthma, chronic fatigue, etc.) _____

(New students only) How did you hear about us? _____

Please check any of the following that apply:

- Student intends to participate in the summer concert (June 14)
- Student intends to audition for Spokane Youth Ballet (ages 10+ only; rehearsals are held Saturday afternoon/evening)
- Photos of the student may be used for display or promotion without compensation

Please be sure to do ALL of the following before submitting this form:

- Register for class on Dance Studio-Pro (an office staff member can assist you)
- Read and agree to the Medical/Liability Waiver and Studio Policies on your account
- Add no-reply@dancestudio-pro.com to your email contacts



Scan this code to go to our registration platform, Dance Studio-Pro