

Classical Dance Studio
Singapore

Student Profile

Student Name: _____ DOB: _____

Address: _____
_____ Postal Code: _____

Phone: _____ (H) _____ (HP) _____ (HP)

Email: _____

Parent's Name: _____

Medical History (please tick):

- Asthma (mild/severe)
 - Scoliosis
 - Bow legs/sway back legs
 - Heart (please give details): _____
 - Broken bones (please state where): _____
 - Others (please give details): _____
- _____
- _____