

THE DECKER SCHOOL OF BALLET

STUDENT'S NAME	
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DATE OF BIRTH		AGE	
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MEDICAL PROBLEM	

STUDENT'S NAME	
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DATE OF BIRTH		AGE	
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MEDICAL PROBLEM	

PARENT'S NAMES	
ADDRESS	

HOME PHONE	
WORK PHONE	

E-MAIL ADDRESS	
Previous Training	
CLASS DAY & TIME	
What school do you attend	

REGISTRATION FEE	
PARENT'S SIGNATURE	