



Student Enrolment Form

Student Details:

Student Name: _____

Date of Birth: _____ Age now: _____ WhatsApp Number: _____

Parents Details:

Mr Mrs Ms _____

Home Phone: _____ Mobile: _____ Email: _____

Mr Mrs Ms _____

Home Phone: _____ Mobile: _____ Email: _____

Residential Address: _____

Emergency Contact Details: (If parents can't be contacted)

Name: _____

Relationship to Student: _____ Contact Number: _____

Note: The parents / guardians of the student above will agree to the following:

- No member of SCAD will be held liable for loss or damage to any persons or property at any given time or place. SCAD does have CMR coverage for all students on premise.
- Dance fees are payable per term and due in advance.

Parent / Guardian Name: _____

Signature: _____ Date: _____

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