

Nriyamala Dance Academy

Student Form: 3-17 years

1. Student's Name: _____
2. Date of Birth (mm/dd/yyyy): _____
3. School & Grade: _____
4. Contact Information:
 - (a) Email: _____ (Student's Personal one if Available)
 - (b) Phone: _____ (Primary)
_____ (Alternate)
5. Parent/Guardian 1
 - (a) Name: _____
 - (b) Email: _____ (Primary) _____ (2nd)
 - (c) Phone: _____ (Primary) _____ (Alternate)
6. Parent/Guardian 2
 - (a) Name: _____
 - (b) Email: _____ (Primary) _____ (2nd)
 - (c) Phone: _____ (Primary) _____ (Alternate)
7. Student's Admission Date (mm/dd/yyyy): _____
8. Relatives Names at NDA: _____

Print Student Name:

Print Parent/Guardian Name:

Student Signature:

Parent/Guardian Signature:

Date (mm/dd/yyyy): _____