www.brightlightsperformanceschool.com **ENROLMENT FORM**

NAME:	
ADDRESS:	
HOME PHONE:	
MOBILE:	(Parent)
	(Student if applicable)
EMAIL:	(Parent)
EMAIL:	(Student if applicable)
NOTE: We use email as a means of c	ommunication. Please print email addresses clearly.
SCHOOL:	YEAR LEVEL 2024:
PARENT/ CARER'S NAME/S:	
programs. Please note these do remain be used as promotional shots on our po- We take full care and responsibility for a We expect an appropriate level of beha	n (i.e. rehearsal shots and individual headshots), which are used in our the property of Bright Lights Performance School. Some of these may sters and our website. Il students during their allocated class times only. viour from each student. Parents will receive notification if inappropriate viour does not improve they will be unable to return.
I understand and agree to the above ter	ms.
Parent signature:	
FEES: \$15 per session. ALL SESS	<u>IONS</u> are to be paid for whether or not in attendance.

There is also a \$50 annual insurance/admin levy (per family)

The payment of this levy confirms enrolment.

FEE PAYMENT OPTIONS FOR 2024:

1. UPFRONT PAYMENT BY WEEK 3 OF EACH COURSE.

2. TWO INSTALMENTS IN WEEKS 3 AND 7 OF EACH COURSE.

We accept direct deposit (preferable)/cash/cheque.

ACCOUNT NAME: Bright Lights Performance School Direct Deposit:

ACCOUNT NUMBER: 10313209 **BSB**: 062514

Use your child's name as a reference code