

Laura East's Ferndale Dance Academy
Student Contact Information

Date _____

Student Name _____ Date of
Birth _____

Parent/Legal Guardian Name(s)

Mailing
Address _____

Residential
Address _____

Phone Number(s) _____

Email (the one you check most regularly)

Please state any medications that the student takes:

Please state any known medical conditions:

Physician's Name and Phone
Number _____

In case of emergency, please list two contacts (names and phone numbers):

1. _____

2. _____