



Kelvin Grove State College

The Pursuit of Excellence With All Our Might

APPLICATION

Trackdance Program — Years 3 to 6

Date: ___ / ___ / ___

Family Name (BLOCK LETTERS): _____

Given Name/s: _____

Date of Birth: ___ / ___ / ___

Circle year level: 3 / 4 / 5 / 6

Address: _____

Postcode: _____

Parent/Guardian Name/s: 1) _____

2) _____

Parent Mobile Number: _____ Home Phone Number: _____

Parent Email Address: _____

Complete where applicable

Previous Dance Experience (if any): _____

Current Dance Studio Teacher Name: _____

Medical or physical issues (e.g.: previous injuries, allergies etc): _____

Signature of Parent/Guardian: _____ Date: _____

Please return this form to KG Dance Excellence and Trackdance Coordinator

Nicole Galea: ngale19@eq.edu.au