

IBSEN DANCE THEATRE 2025-2026 ENROLLMENT FORM

School of the Performing Arts – Dance, Theatre, & Voice



260 NE Barry Road KCMO 64155



816-436-7277



www.ibsendance.net

Student Information

Student's
Name: _____

Father's
Cell: _____

Parent/Guardian
Name(s): _____

Contact
Email: _____

Address: _____

Student
Cell: _____

City: _____

Student Age: _____

State: _____

Date of Birth: _____

Zip: _____

Grade: _____

Mother's
Cell: _____

School: _____

Enrollment Information

#	Class Title	Day	Time & Length
1			
2			
3			
4			
5			
6			

New Student Information

Previous Dance School: _____

Experience: _____

How Did You Hear About Us?: _____

Acknowledgment

I acknowledge that I have read and agree to the tuition and general policies outlined in Ibsen Dance Theatre's brochure. I also consent to my child being featured on Ibsen Dance Theatre's social media platforms.

Signature: _____ Date: ____ / ____ / ____

(Parent/Guardian or Student over the age of 18)