



Summer Intensive Housing Form

Date: _____

Student Information

Last Name:	First Name:
Birthdate:	Gender: M / F

Primary Contact Information (If parents have different last names, please indicate both.)

Parent Last Name(s):	Parent First Name(s):
Address:	City:
Zip Code:	Primary Phone:
Email Address:	Secondary Phone:

Note: Email is our primary form of contact. Please supply an email address that is checked frequently.

Emergency Contact Information (Will be contacted if the primary contact cannot be reached.)

Last Name:	First Name:
Address (if different):	City:
Zip Code:	Primary Phone:
Relationship to Student:	Secondary Phone:

Health Concerns

Please list any injuries, medical conditions or allergies:
--

Diet Preference and Food Allergies

Please provide any information the person preparing meals should know about your diet (vegetarian? vegan? gluten-free? nut allergy? ect.)

The information I have provided is accurate to the best of my knowledge. I have read and agree to follow the Michigan Ballet Academy Housing Policies.

Parent or Adult Student Name (printed)

Parent or Adult Student Signature

Date