



*Piton Cultural Dancers Inc*

## Quadrille Application

Name of School: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Mother`s Name: \_\_\_\_\_

Cell# ( )-\_\_\_\_\_-\_\_\_\_\_ Home# ( )-\_\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_

Father`s Name: \_\_\_\_\_

Cell# ( )-\_\_\_\_\_-\_\_\_\_\_ Home# ( )-\_\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Cell# ( )-\_\_\_\_\_-\_\_\_\_\_ Home# ( )-\_\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_

Hobbies / Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in joining Quadrille? \_\_\_\_\_

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Are you involved in any other extracurricular activities? If yes, what are they? \_\_\_\_\_

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Students Schedule

Period	Teachers	Room#
1st _____	_____	_____
2nd _____	_____	_____
3rd _____	_____	_____
4th _____	_____	_____
5th _____	_____	_____
6th _____	_____	_____

If you or your child have any questions or concerns, please feel free to contact me:

Mr. TaJil Chitolie-Baptiste

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(340)-998-5720