

Attach Photo

1. Personal Information

a. Please complete all sections in CAPITAL LETTERS.			
Surname:	First Names:		
Address:			
Mobile Number:			
Home Number:			
Email Address:			
Date of Birth	Age		
Nationality	Male / Female		
Parents' Address: (if different from above)			
Telephone No: (incl. code)			
Email Address:			
Name of Mother	Name of Father		

b. Please indicate with an X how you heard about The Academy of Balletic

Please specify:

Arts

Advertisement

Recommended by Teacher	Please specify:
Other	Please specify:

2. Dance History

a. Name of dance schools, teachers and dates attended (start with current teacher):

Name of Teacher	Name of Dance School	Dates Attended	Hours p/w

b. Training to date:

Have you studied:	Yes	No	Please specify most recent examination taken (level, date)
Ballet			
Contemporary			
Character Dance			
Pointe Work			

Additional Information - optional

Please give a br date:	ief account of yo	our ambitions,	goals and / or a	achievements	to
	_				

How will you pay for the audition?			
I			
Cash on Day O	Bank Transfer O		

Health Declaration

I confirm that, to my knowledge I am fit, healthy and able to undertake a vigorous audition procedure involving Classical ballet and other related physical tasks and if accepted, I am able to undertake intense regular training.

I confirm that the information given on this application form to the best of my knowledge is correct.

knowledge is correct.				
Signature of Applicant:	Date:			
If the Applicant is under the Age of 18: I, the Parent or Guardian, approve and give my consent to this application.				
Signature:	Date:			
Please Print Name:				

Should you have any questions relating either to this application form, or the audition process, please contact Monique Jose, School Administrator at academyofballeticarts@gmail.com or 07473841000

If you seek any other information regarding Ballet Boost or ABA in general please contact admin@balletboost.com or info@balletboost.com