

Experience It Yourself!

School of Ballet Student Application Form



I wish to participate in the auditions for the 2013 School of Ballet.

Select Audition Site: Capital Region Western Region New York City

PLEASE PRINT CLEARLY

Student's Name _____ Age _____ Date of Birth _____ Gender _____

Current Street Address _____ City _____ State _____ Zip Code _____ County _____

Student Cell Phone _____ Student Email _____ Current Grade _____

Parent Cell Phone _____ Parent Email _____ Parent Home Phone _____

Permanent Parent/Guardian's Name _____ Parent/Guardian Telephone _____

Permanent Parent/Guardian Address (If Different from Student) _____ City _____ State _____ Zip Code _____

Public/Private School (not Dance School) _____ Principal _____

Public/Private School Dance Teachers(s) (if applicable) _____ School Telephone _____

Dance Studio _____ Dance Studio Telephone _____

Dance Studio Address _____ City _____ State _____ Zip Code _____

Dance Studio Teacher(s) _____ Studio Email Address _____

How many years have you taken ballet instruction? _____

How many classes do you currently take per week? _____

(Girls) How many years have you been on pointe? _____

Have you attended the School of Ballet in the past? Yes No

Please include with this application 2 photos:
1. A snapshot of yourself, no larger than 4" x 6", clear enough for facial identification,
and
2. A full body arabesque photo, preferably on point for ladies.

Student's Signature _____

Signature of Parent/Guardian _____

Please Print Names of Parent/Guardian _____

Mail to:

New York State Summer School of the Arts
State Education Department
Office of Cultural Education
222 Madison Avenue
Room 10D79
Albany, NY 12230