

# Experience It Yourself!

## School of Ballet Student Application Form



I wish to participate in the auditions for the 2015 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