

Experience It Yourself!

School of Dance Student Application Form



I wish to participate in the auditions for the 2016 School of Dance.

Select Audition Site: Capital Region New York City Syracuse Western Region

PLEASE PRINT CLEARLY

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

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

Student Cell Phone _____ Student Email _____

Parent Cell Phone _____ Parent Email _____ Parent Home Phone _____

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

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) _____ Email Address _____

How many years have you taken dance instruction? _____

How many classes do you currently take per week? _____

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

How did you hear about NYSSSA? _____

I would like to receive mail copies of NYSSSA correspondence
(Please note all student results will be emailed to addresses
provided above) Yes

Student's Signature

Signature of Parent/Guardian

Please Print Names of Parent/Guardian

Please include a snapshot of yourself, no larger than 4" x 6", clear enough for facial identification, with this application.

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