

Experience It Yourself!

School of Dance Student Application Form

I wish to participate in the auditions for the 2010 School of Dance.

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

Please Print Or Type

Please Duplicate Additional Applications As Needed

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

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

Parent Home Phone _____ Parent Work Phone _____ Student Cell Phone _____

Student Social Security Number _____ Student Email Address **(Please print clearly)** _____

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

Public/Private School Address (not Dance school) _____ City or Town _____ State _____ Zip Code _____

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

Dance School _____ Dance School Telephone _____

Dance School Address _____ City or Town _____ State _____ Zip Code _____

Dance School 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

Please include a snapshot of yourself, clear enough for facial identification, with this application.

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
89 Washington Avenue
Room 866 EBA
Albany, NY 12234
Fax: 518-473-0770

