

Experience It Yourself!

School of Ballet Student Application Form

I wish to participate in the auditions for the 2008 School of Ballet

Selected Audition Site: Capital District New York City Western Region

Please Print Or Type

Please Duplicate Additional Applications As Needed

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

Current Street Address _____ Telephone _____

City or Town _____ State _____ Zip Code _____ County _____

Social Security Number _____ Email Address _____

Permanent Parent/guardian Address (if different from student's) _____ Parent/guardian Telephone _____

City or Town _____ State _____ Zip Code _____ County _____

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 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

Student's Signature

Signature of Parent/Guardian

Please Print Names of Parent/Guardian

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

Mail to:

New York State Summer School of the Arts
State Education Department
89 Washington Ave.
Room 866 EBA
Albany, NY 12234
Fax: 518-473-0770

