

Date

EXPRESSION OF INTEREST FORM

First Name:	Surname:
Date of Birth:	Age:
Academic School:	Year Level:
Ballet Examination Syllabus:	Level/Grade:
Ballet Schools previously attended:	From To <i>Current</i>
Teachers' Names:	
Ballet Lessons per Week:	Intake Year Applying For:
Name of Parents or Legal Guardians:	
Address:	Telephone:
	Mobile:
Suburb:	Postcode:
Email:	
Weight: kg. Height: cm.	Mother's Height: Father's Height:
Other Remarks:	

Interests

Local Competition

International Competition

Local Summer Schools

International Summer Schools

Ambition

Dancing Career: Europe Asia USA Australia

Choreography Studio Teaching

School Teaching University Teaching

Dancer Support: Physiotherapy Psychology

Other information:

Important

Send 3 photos in a leotard and bare feet* in the following positions:

1. Side profile with feet in parallel*
2. Tendu with arms in 2nd*
3. 1st Arabesque* (Girls 13 and above en pointe)

1

2

3

Date:

Parent's Signature: