

TANYA PEARSON ACADEMY

ARTISTIC DIRECTOR LUCINDA DUNN OAM

SENIOR TRANSITION COURSE AUDITION FORM

STUDENT'S NAME: _____ SURNAME: _____

DATE OF BIRTH _____ AGE THIS YEAR: _____

NATIONALITY: _____

PARENT OR GUARDIAN NAMES: _____

HOME ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE _____

PHONE- HOME: _____ MOBILE _____

EMAIL: _____

BALLET/DANCE STUDIES:

AGE WHEN COMMENCED BALLET TRAINING: _____

CURRENT BALLET SCHOOL (NAME) _____

YEARS ATTENDED): _____

LAST EXAMINATION: _____ RESULT: _____

LEVEL NOW STUDYING: _____

CURRENT HOURS OF BALLET TRAINING PER WEEK: _____

PREVIOUS BALLET SCHOOL: _____

EXAMINATIONS: _____ RESULT: _____

MEDICAL:

HEIGHT (CMS): _____ WEIGHT (KGS): _____

LIST ANY CURRENT INJURIES: _____

DATE AUDITIONING: _____ OR DVD AUDITION ENCLOSED

* PLEASE ENCLOSE THE FOLLOWING PHOTOGRAPHS:

1 X HEAD SHOT, 1 X TENDU A TERRE A LA SECONDE, 1 X 4TH POSITION CROISE (EN POINTE FOR GIRLS), 1 X ARABESQUE EN L'AIR (SIDE VIEW).

Please note that enrolment into the ACADEMY SENIOR TRANSITION COURSE does not guarantee enrolment into the FULL TIME DANCERS COURSE.