

School of International Ballet

1445 W Park Ave,
Redlands, CA 92373
(909) 335-0721

Enrollment Application

Date of Application: _____

Student Information

Applicants Last Name: _____ First: _____ Middle Initial: _____

Street Address: _____ City: _____ Zip: _____

Phone Number: _____ Email Address: _____

Mother's Name: _____ Mother's Phone: _____

Father's Name: _____ Father's Phone: _____

Academic School Attended: _____ School Grade _____

Student Height: _____ Weight: _____ Age: _____ Applicants Birthday: _____

Emergency Information - In case of Emergency

Notify: _____ Relationship: _____ Telephone _____

Please list any health concerns, if applicable: _____

Questionnaire

1. Has the applicant been enrolled at the School of International Ballet before? _____
2. If yes, when? _____
3. Does the applicant have any siblings who are currently enrolled, or been previously enrolled at the school? (circle) **Yes. No.** If yes, list name(s): _____
4. Does the applicant have any dance experience? (circle) **Yes. No.**
5. If yes, please list the place of previous training, inclusive dates and types of dance studied. Include additional information regarding previous dance training that maybe helpful in evaluating the applicant. _____

6. Please list other forms of training applicant has received (examples: Gymnastics, Cheer leading, Piano, Drill team, Karate, etc.): _____

7. Please list any extracurricular activities the applicant may have, dates and times: _____ 8.

Please circle the following classes applied for: **Ballet. Tap. Jazz.** 9. Please indicate how you were referred to the School of International Ballet: (Circle) **Newspaper. Website. Attended Performance. Ad. Social Media. Friend. Other**

(specify): _____ 10.

Photography release for social media? (Circle) **Yes. No.** *Initial here:* _____ **Note:**

Please include recent photograph of the applicant (headshot). A school photo (2x3) is accepted.

- This photo will remain in our file and will not be returned to you.

Applicants signature: _____

Parent's signature: _____

Please return this completed form to:

School of International Ballet
1445 W Park Avenue
Redlands, California 92373
909-335-0721

For office use only (Checkmark): **Application:** _____ **Agreement:** _____ **Photo** _____
Referred by name: _____ **Placement level** _____ **Number of Classes:** _____
Tuition _____

Tuition payments are due on the first day of the month. **NO** Credits or adjustments will be given for unused classes. **PLEASE** do **NOT** ask to be the Exception.

I have read the policies and regulation of the School of International Ballet and here by to comply with all the terms stated therein.

Student Signature: _____ *Parent or Guardian:* _____