

THE AILEY SCHOOL JR. DIVISION AUDITION FORM

To be entered by Audition Panel

Please indicate the term(s) that you plan to enroll for:

Summer 20 _____ Fall 20 _____ Spring 20 _____

Audition #: _____

Audition City: _____

Date: _____

Please **PRINT CLEARLY** each of the following sections:

A. STUDENT INFORMATION: All students must fill in Section A

Name			
Date of birth	Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security #			

Mailing Address for acceptance notification			
City, State, Zip, Country			
Home Telephone	Cell phone		
Current e-mail address for acceptance notification			

Permanent Address			
City, State, Zip, Country			
Telephone	Cell phone		

B. INTERNATIONAL STUDENT INFORMATION: Section B for international students only

Country / City of Birth			
Country of Citizenship	Do you reside in U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type of visa do you currently have? (If any)	<input type="checkbox"/> F-1 <input type="checkbox"/> M-1 <input type="checkbox"/> B-2 Tourist <input type="checkbox"/> Other _____	Passport #	Expiration date
If F-1 or M-1, enter SEVIS I.D. # (if known)			

C. PARENT / GUARDIAN INFORMATION:

Name	Home phone		
Address			
City, State, Zip, Country	Business phone		
Current e-mail address	Cell phone		

D. EMERGENCY CONTACT INFORMATION:

Name	Relationship to you		
Contact e-mail address	Contact phone		

Have you auditioned for any programs at The Ailey School before?	<input type="checkbox"/> YES	<input type="checkbox"/> No					
If accepted, which programs?	<input type="checkbox"/> Jr. Division	<input type="checkbox"/> Summer	<input type="checkbox"/> Fellowship	<input type="checkbox"/> BFA	<input type="checkbox"/> Ailey Camp		
Please indicate how many years you have studied each of the following techniques:							
Ballet	_____ year(s)	Graham Based Modern	_____ year(s)	Horton	_____ year(s)	Jazz	_____ year(s)

E. DANCE TRAINING HISTORY: *Please list Dance Studios / Dance Schools attended:*

Current School Name					
Address (City, State)					
Years in Attendance	_____ to _____	# of classes Weekly			
Techniques Studied					
Previous School Name					
Address (City, State)					
Years in Attendance	_____ to _____	# of classes attended weekly			
Techniques Studied					

F. ACADEMIC EDUCATION: *Please list Middle & High School attended*

Elementary or Middle School Name					
Address (City, State)					
Years in Attendance	_____ to _____	Did you receive a diploma?	Yes <input type="checkbox"/>	Year Received	
			No <input type="checkbox"/>	Year Expected	
Techniques Studied					

High School Name					
Address (City, State)					
Years in Attendance	_____ to _____	Did you receive a High School diploma?	Yes <input type="checkbox"/>	Year Received	
			No <input type="checkbox"/>	Year Expected	
Techniques Studied					

FACULTY AUDITION EVALUATION (For School Use only)

Student is Accepted to the Following Program(s):

First Steps 1, 2, 3 Level 1 Level 2 Level 3 Level 4 Level 5 Level 6 Level 7
 Summer Level A Summer Level B Summer Level C Summer Level D Not Accepted

Staff & Teacher Evaluation:

Comments/Faculty initials:

Ballet level _____

Horton level _____

Modern level _____

Denise Jefferson, Director