



Audition #

Resumé: YES NO

Headshot: YES NO

Location: _____

Date: _____

167 W 89th St, New York, NY
10024, United States
+1 212-362-6710 x72
www.balleshispanico.org
School@balleshispanico.org

Audition Form

Office Use Only:

ChoreoLaB:

NA A

Placement: RD PL

SI: BT _____ PT _____ MD _____ SD _____

Summer Intensive:

NA A CA

Placement: BT _____ PT _____ MD _____ SD _____

E!: BT _____ PT _____ MD _____ SD _____

PV: _____

La Academia:

NA A CA

Placement: BT _____ MD _____ SD _____ RE _____

E!: BT _____ PT _____ MD _____ SD _____

SI: BT _____ PT _____ MD _____ SD _____

PV: _____

Scholarships: FA TR MT _____ TS _____ NF _____

Schedule Requirements: _____

Scholarship Notes: _____

Student Information:

Select a Program: **La Academia: Pre-Professional Year-Round Program**

ChoreoLaB: Emerging Artist 18+

Pre-Professional Summer Intensive

Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth: _____ Age: _____

Current or Fall Academic School: _____ Grade: _____

Family E-mail: _____ Phone: _____

How do you self-identify: She He Them/They Ze/Ey Prefer not to specify

What is your race/ethnicity? (optional) _____

How did you hear about us? (optional) _____

Family Preferred Language: _____

Primary Parent/Guardian Information: (*Required if auditionee is under 18 years old*)

Full Name: _____ Relationship to Auditionee: _____

Alternate Email: _____ Phone: _____

**The School of Dance communicates important information regularly via e-mail. The e-mail above will be the primary contact.*

