

School of Scottish Arts
Application
2011
Personal Information

Name: _____

Address: _____

Date of Birth: _____

Parent or Guardian: _____

Contact Information : Telephone _____ Email _____

Emergency Contact Information: _____

Medical Information

Do you have any food or other allergies? _____ If so, please describe.

Please fill out and attach medical release form. Be sure to include a copy of both sides of your insurance card.

Dance Information

Name of dance teacher _____

What is your level of dance experience? _____ How long have you been dancing? _____

If you are a beginner, what dances do you know? _____

Will you be taking BATD medal tests on Thursday? _____

If so, do you know which tests? Please specify. _____

If you are Premier, are you interested in the teacher training class? _____

If you are Premier, will you be taking a Professional Exam? _____

Class Policy

Dancers are expected to attend all scheduled classes. If unable to participate actively in class, dancers are expected to attend class and take notes. With permission, only premier dancers studying for professional exams may study on their own during some classes.

Signed: _____
Dancer Date

Signed: _____
Parent or Guardian Date