

Date of Form Submission: _____



Date of Audition: _____ Time: _____

Goh Ballet Academy Audition/Assessment Form

**All fields are mandatory*

****If your audition or assessment is in person (group/private), please confirm costs with the Administrative Office*

Name of Student: _____ Nationality: _____
First Last

Date of Birth: ____/____/____ Current Age of Student: _____
MM DD YYYY

Gender: Male Female Non-Binary Prefer not to Say Height: _____cm

Email Address: _____

Address: _____

Contact Name: _____ Relation to Student: _____

Home Phone: _____ Mobile Phone: _____

Please select which program(s) you are interested in (check all that apply):

Goh Ballet Annual Training Programs

*Goh Ballet Youth Company Program (16+)

Senior Professional School - Combined Academic/Ballet Program (13-19)

Junior School Program

Intermediate Division (7-15)

Pre-Professional Division (11-18)

International Summer Intensive Program (7-21)

***Should the prospective student wish to be considered for the Goh Ballet Youth Company, a Youth Company Registration Package must be filled out and submitted to the Administrative Office.**

Home Stay Required? (Yes/No)

Years of Ballet Experience: _____ Last Exam Passed: _____

Any pointe-work experience (if applicable)? If so, how many years? _____

Any siblings currently enrolled with Goh Ballet? (Yes/No) Name: _____

Name of Current or Last Dance School: _____

How did you hear of the audition?

Word of Mouth

Performance/Event

Website/Search

Email/E-Newsletter

Social Media

Other: _____

Is there anything you would like to tell us about yourself?

OFFICE USE ONLY

ARTISITC STAFF ASSIGNED TO AUDITION: _____

AMOUNT PAID _____ METHOD _____ RECOMMENDED LEVEL _____

FOLLOW UP DATE _____ ENROLLED DECLINED _____

NOTES _____