

**City Ballet School
Registration Form 2010/2011 Academic Year**

Today's Date: _____

(for office use only) Level: _____

Student's Name*: _____

Academic School: _____

Date of Birth: _____ Age: _____ Sex: _____

Parent's Name: _____

Parent's Name: _____

Mailing Address: _____

Home phone: _____ Cell phone: _____

Email: _____

Other Ballet Training:

Name of School/Teachers	City, State	From-to (Year)	#class/wk
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of years on pointe (if applicable) _____

Other dance training (describe): _____

* Please attach a picture of your child.

