Photo





Application form 2023-2024

Date of birth: / / Place of birth:	Last name :		First names :		
County (or country):	(of the student)		(as mentioned on official papers	e) Gender: 🗆 F 🗆 M	
County (or country):					
Cell phone: / / / E-mail: Requested class:					
Name of the dance school: Public school Private school	County (or country): Nationality:				
Name of the dance school: Public school Private school	Cell phone: / / / E-mail :				
Name of the dance school: Public school Private school	Requested class:				
Public school Private school Priva					
Zip code: Dance discipline Classical Contemporary Other: Number of years of practice	Name of the dance school:				
Dance discipline	☐ Public school ☐ Private school				
Number of years of practice	Zip code:				
Number of years of practice					
Number of years of practice Family situation	Dance discipline	Classical	Contemporary	Other:	
Family situation Married Separated* Divorced* Widowed Other	Number of years		· · ·		
Family situation Married Separated* Divorced* Widowed Other	,				
□ Married □ Separated* □ Divorced* □ Widowed □ Other Number of dependent children:	or practice				
□ Married □ Separated* □ Divorced* □ Widowed □ Other Number of dependent children:					
□ Married □ Separated* □ Divorced* □ Widowed □ Other Number of dependent children:	Family situation				
Number of dependent children:	☐ Married ☐ Sep			r	
Number of children in Middle School:	•				
* In the case of parents who are separated or divorced, both must provide contact details. Legal guardian:	Number of dependent children:				
Legal guardian: □ Father □ Mother ou □ Father and Mother □ Other Last name: □ Last name: First name : □ Family relationship: Family relationship: □ Family relationship: Address : □ Addrese : □ Town : □ Zip code: Landline phone : /					
Last name: Last name: First name : First name : Family relationship: Family relationship: Address : Addrese : Town : Town : Zip code: Town : Landline phone : / / / Cell phone : / / / / E-mail : E-mail: :	in the case of parents who are separated or divorced, both must provide contact details.				
First name :	Legal guardian: □ Father □ Mother ou □ Father and Mother □ Other				
Family relationship: Family relationship: Address: Addrese: Town: Town: Zip code: Town: Landline phone: / / / Cell phone: / / / / E-mail: E-mail::	Last name:		Last name:		
Address :	First name :		First name :		
Addrese : Town :	Family relationship:		Family relationship:	Family relationship:	
Addrese : Town :	Address:				
Town: Zip code: Landline phone:			Addrese ·		
Zip code: Town: Landline phone : / / / Cell phone : / / / E-mail : Cell phone : / / / / E-mail: : E-mail: :					
Landline phone :					
Cell phone : / / / / / E-mail : Cell phone : / / / Profession : E-mail: :	l andlina nhana i	1 1 1 1	Zip code:		
Cell phone : / / / / / E-mail : Cell phone : / / / E-mail: : E-mail: :			Landline phone :	/ / / /	
E-mail: :			-		
Profession:	E-mail:				
			E-mail: :		
	Profession:				
Work phone : / / /					