



Mitcham Girls
High School

**APPLICATION TO AUDITION FOR THE GIFT DANCE PROGRAM
for Year 7 and 8, 2022**

STUDENT INFORMATION

Surname: _____

Given Names: _____

Date of Birth: _____

Address: _____

_____ **Postcode:** _____

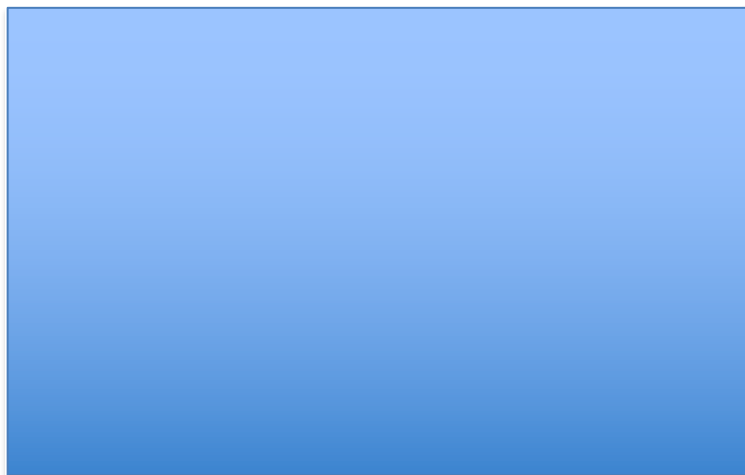
Current School: _____ **Current Year level:** _____

PARENT/CAREGIVER INFORMATION

Surname: _____ **Given Name:** _____

Mobile phone: _____ **Email:** _____

Please answer the questions on the following page /2



Please provide a headshot of child here.



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To be completed by the parent/caregiver – Please answer all of the following questions.

Student Name _____

Does your child suffer from any on-going illness(es) or allergies? Yes / No (please circle)

If YES, please explain

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.....
.....

Does your child take any medication? Yes / No (please circle)

If YES, please list

Has your child sustained any physical injury(ies) in the last three years? Yes / No (please circle)

If YES, please explain below

Injury (when?)

Are there any on-going problems or restrictions?

A letter from your doctor/physiotherapist is required if the injury is likely to impact on your child's participation.

Dance Background

• Dance school your daughter currently attends (if applicable)

• List your daughter's dance training or experience. E.g. Tap – 5 years, Ballet – 3 years

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• State the forms of Dance your daughter learns or has learnt (including form of classical ballet – e.g. RAD, Cecchetti)

1.	Age started	Grade	Hours/week
2.	Age started	Grade	Hours/week
3.	Age started	Grade	Hours/week
4.	Age started	Grade	Hours/week

• Other interests/hobbies

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I have attached (required documentation):

☐ ***A copy of my child's latest school report***

☐ ***Copies of Dance examination results or reports (if appropriate)***

Parent's / Caregiver's Signature: **Date:**