

# How to Apply

## **Apply ONLINE**

Email the following to [sclackbc@gmail.com](mailto:sclackbc@gmail.com)

1. Scanned copy of the Application Form (see overleaf)
2. Scanned copy of the Signed Consent form (below)
3. Scanned copy of last examination report or certificate of student. (If student has not yet taken their 2019 exam, please forward report as soon as received).
4. Deposit – \$599 Standard or \$625 Overseas Rate  
Bank Transfer:     Name: SUMMER BALLET SCHOOL  
                            BSB: 063 133  
                            ACC: 1092 0758  
                            REF: Student Name

## **Apply by MAIL**

Return the following items to: Summer Ballet School  
P.O. Box 5138, Frankston South VIC 3199

1. Application Form (see overleaf)
2. Signed Consent form (below)
3. Photocopy of last examination report or certificate of student. (If student has not yet taken their 2018 exam, please forward report as soon as received).
4. A self addressed, stamped DL envelope
5. Deposit – \$599 Standard or \$625 Overseas Rate  
Cheque: make payable to "SUMMER BALLET SCHOOL (VIC)"  
OR Bank Transfer: See details above

## *Consent Form*

I, the undersigned approve of the Application and in so doing agree that Cecchetti Ballet Australia Inc. and Staff of the Summer Ballet School are to be free and clear of all responsibility whatsoever for any accident, illness or loss or damage of property during the applicants participation in any activities connected with the School, knowing all reasonable care will be taken at all times to avoid such possibilities. I further authorise the Directors or servant in the event of any such illness or accident to obtain such medical assistance as is required and agree to meet the expense thereof. I authorise the Directors to consent, where it is impractical to communicate with me, to the child receiving such medical, dental or surgical treatment as may be deemed necessary. I further declare that the applicant has been in normal good health, and agree to advise immediately in the event of his or her contracting any ailment likely to be detrimental to the health of other ballet school students.

Signed:.....  
(Parent/Guardian)

# Application Form

2020 Cecchetti Summer Ballet School

Surname:.....

Given name:.....

Female       Male

Address:.....

.....P/code:.....

Age:..... Date of Birth:.....

Please tick if you wish your child (12yrs or under) to share

Phone: (Hm).....

(Mob).....

Dance School:.....

Teacher:.....

Level & Date of 2019 Examination:

.....

Method of Dance (Cecchetti, RAD etc).....

Level student will be working on in 2020:.....

Payment Method: Direct Deposit / Cheque (circle)

**Receipts will be issued after final payment is received**

**\*Please Note: Any applications received, which are not fully completed and accompanied by full deposit, will be returned to sender.**