

Application Form

Surname: F

Given Name: M

Address:

..... P/code:

Age: Date of Birth:

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

Phone:

Dance School:

Teacher:

Level & Date of Last Examination:

.....

Method of Dance (Cecchetti, RAD etc)

Medicare No:

Level student will be working on in 2024:

Payment

Fees include accommodation, meals and tuition.

Standard Rate: \$950 (in full)

OR: Deposit \$450

Payment 2 \$250 by Dec 1st

Payment 3 \$250 by Jan 15th

Bedding Package Rate: \$1050 (in full)

(Interstate & overseas students only)

OR: Deposit \$550

Payment 2 \$250 by Dec 1st

Payment 3 \$250 by Jan 15th

All Payments: Summer Ballet School

BSB: 063 133

Acc: 1092 0758

Ref: Student Name

How to Apply

Cecchetti 2024
Summer
Ballet
School

Please email a scanned copy/photo of the following items to Sandra Clack: sclackbc@gmail.com

1. Completed Application Form (see overleaf)
2. Signed Consent Form (below)
3. Last exam report or certificate of student.

Phone Enquiries:

Sandra Allan OAM 0412 589 407

Nina Dungan 03 9592 2463

Please note: Any applications received, which are not fully completed and accompanied by the deposit or full payment, will not be accepted.

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 applicant's 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)