

Please select from the following options:

<input type="checkbox"/>	PTP, Age-15-17	<input type="checkbox"/>	PTP, Age 18-20	<input type="checkbox"/>	Video audition	<input type="checkbox"/>	In-person audition
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**Reserved for Administration**  
Reception Date:  
Result Selection :  
Acc Yes No On-hold

Click here to upload your ID photo

### STUDENT'S INFORMATION

First Name				Last Name			
Date of birth (dd/mm/yy)		Age		Female		Nationality	
				Male			
Mother tongue							
Other languages							
Address		Street & N°					
		City		Post code		Country	
Student's mobile phone				Email			
Facebook				Instagram			
Height (cm)				Weight (kg)			
Current ballet school							
Ballet teachers							
Since what age have you been dancing?		Number of years studying ballet				Years on pointe (girls)	
How many hours per week do you practice		Classical Ballet		Modern		Other (please specify)	

### PARENT'S INFORMATION

Father's first and last name / Guardian name				Phone N°*			
		Email				Profession	
Mother's first and last name / Guardian name				Phone N°			
		Email				Profession	

Parent's address (if different from that of the student)	Street & N°				
	City		Post code		Country
Student's current studies					
Diploma received?					
Previous dance schools attended					
Stage experience (if there is any)					
Competitions and results (if there are any)					

How / where did you hear about us	Facebook / Instagram		Ballet competition	
	Dance magazine		Other:	

I certify that the information contained on this form and any attachments is complete and accurate in all respects. I hereby certify that the information contained in the attached application form is correct to the best of my knowledge and belief.

Date of application	
Signature of parents/guardian	



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