

Silicon Valley Ballet School Audition & Placement

Office use only:

Placement: _____

Instructor's Initials: _____

Date: _____

Audition Number: _____

NAME: _____ BIRTH DATE: _____

TELEPHONE: _____ HEIGHT: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

NAME OF PARENTS/GUARDIANS: _____

Do you have any history of illness, which might in any way be adversely affected by the rigorous physical demands of classical ballet training? YES: _____ NO: _____

If yes, please explain: _____

TRAINING: (Please list most current schools first.)

Name of School/Instructor Dates Style of Dance # of Classes per Week

Name of School/Instructor	Dates	Style of Dance	# of Classes per Week

Relevant Awards/Certifications: _____

How long have you been on pointe? _____

*If you have professional performance experience, please attach a resume detailing experience

Agreement and Release

As an adult student or a parent/guardian of a student, I understand that Silicon Valley Ballet School (SVB SCHOOL) cannot be responsible for any injuries or damage suffered by my child during his/her participation in the Program. With this knowledge, I consent to my child's participation in the Program. I further consent to my child's participation in field trips and any other activity in connection with this program. I agree that neither my child nor I, as a parent/guardian, will institute any legal action or assert any claim against SVB SCHOOL for any injury or damage experienced by the student. As a parent/guardian, I am in full understanding of, and will comply with, tuition payment/refund policies as set forth by SVB SCHOOL. All students of SVB SCHOOL are expected to conform to the School's policies, and conduct themselves in a disciplined, responsible and courteous manner at all times. I understand that SVB SCHOOL reserves the right to suspend or dismiss any student whose attitude, attendance or conduct is found to be unsatisfactory. I consent to the reproduction and/or use of photographs, videotapes and film or audio recordings of myself or my child/charge for advertising or promotional purposes by Silicon Valley Ballet or SVB SCHOOL. In an emergency situation, if I cannot be reached, I also hereby grant permission for a staff member of SVB SCHOOL to seek professional emergency medical treatment for my child. If, in the judgment of a qualified medical doctor or other personnel of an emergency treatment facility, medical assistance or treatment is required, this will authorize such assistance or treatment.

Signature of Adult Student or Parent/Legal Guardian _____ Date _____

Silicon Valley Ballet San Jose School

PAYMENT FORM: 2015-2016

Tuition, including registration fees, deposits, and merchandise is non-refundable. Enrolled students who, due to serious injury or illness, are forced to withdraw before the end of the 2015-2016 School Year should inform the School Office immediately with a letter of medical release. Such students may be eligible for partial refund. Early withdrawal from Summer Programs and future School Years may result in a early withdrawal penalty fee of \$200, should withdrawal occur for reasons other than serious injury or illness, in cases where the full tuition for the School Year or Summer Program has not yet been paid in full.

Payer's Name: _____

Email: _____

Phone: _____

Student's Name: _____

Level (if applicable): _____

Payment Type:

- Audition Fee Deposit
 Registration Fee Tuition
 Other _____

Program:

- School Year Summer Intensive
 Performance Camp I Fast Track Technique
 Performance Camp II July Continued Session

Check Information

If paying by check, please:

1. Write your student's name on the check
2. Indicate what the payment is for (i.e. Tuition Payment)
3. Make checks payable to: Ballet San Jose School (until September) and Silicon Valley Ballet School (after September)

Credit Card Information

If paying by credit card, please complete the following:

Card Number: _____ **Expiration Date:** ____/____

Name on Card: _____ **Amount:** \$ _____

Signature: _____ **Date:** _____

Payment Plan Request (School Year Only):

Payment plans must be set up through our online registration system. To pay by alternate methods, a credit card must be on file and payment must be made by 4:00pm on the due date or credit card will be charged the amount due. Semi Payment Plans are an additional \$25 and Quarterly Payment Plans are an additional \$50. Payment plan fees will be waived for returning students who register by May 1st.

Semi Payment Plan

Quarterly Payment Plan

You may submit Registration Forms via email, mail, or in-person.

A drop box is conveniently located in the School Lobby on the wall of the Student Services Window.