

Per quale programma richiedi l'accesso?
Which program are you applying for?

Anno Accademico 2021/2022
Academic Year 2021/2022

Intensive Summer School 2021

Compila con i tuoi dati personali i campi sottostanti

Type in each of the following sections

Nome e Cognome <i>Name and Last Name</i>	<input type="text"/>	Maschio <i>Male</i>	Femmina <i>Female</i>
Data di nascita (gg/mm/aaaa) <i>Date of birth (day/mm/year)</i>	<input type="text"/>	Luogo di nascita <i>Place of birth</i>	Età <i>Age</i>
Via/Piazza <i>Street</i>	<input type="text"/>	N° <i>Number</i>	Città <i>City</i>
			Cap <i>Zip code</i>
Stato <i>Country</i>	<input type="text"/>	Cittadinanza <i>Citizenship</i>	<input type="text"/>
Cell. <i>Mobile phone</i>	<input type="text"/>	Email <i>Email</i>	<input type="text"/>

SE MINORENNE, Compila con i dati di un genitore o tutore legale

IF MINOR, type parent/guardian personal informations in each of the following sections

Nome e Cognome <i>Name and Last Name</i>	<input type="text"/>	Padre <i>Father</i>	Madre <i>Mother</i>	Tutore <i>Guardian</i>
Cell. <i>Mobile phone</i>	<input type="text"/>	Email <i>Email</i>	<input type="text"/>	<input type="text"/>

EDUCAZIONE SCOLASTICA, informazioni riferite all'A.S. in corso (2020/2021)

ACADEMIC EDUCATION, informations about current school year (2020/2021)

Scuola <i>School</i>	Media <i>Middle School</i>	Superiore <i>High School</i>	Università <i>College</i>	Altro <i>Other</i>	Classe <i>Class</i>
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FORMAZIONE COREUTICA, breve Curriculum Vitae

DANCE TRAINING, short resume

1. Con la sottoscrizione del presente modulo, l'allievo maggiorenne, o il genitore per il minore, esonera l'Ateneo della Danza ed il docente di riferimento da ogni eventuale responsabilità derivante da infortuni che dovessero occorrergli per sua o per altrui negligenza durante lo svolgimento dell'audizione.
2. Si autorizza il trattamento dei dati personali in base all'art. 13 del D. Lgs. 196/2003 e all'art. 13 del Regolamento UE 2016/679 relativo alla protezione delle persone fisiche con riguardo al trattamento dei dati personali.
3. Per ogni controversia tra le parti, in ordine all'interpretazione od al mancato rispetto degli accordi contenuti nella presente iscrizione, le parti riconoscono fin dalla sottoscrizione la competenza esclusiva del Foro di Siena.

1. *By signing this form, the student, or the parent for the minor, exempts Ateneo della Danza and the reference teacher from any liability deriving from accidents that may occur to him/her due to negligence during the course of the audition.*
2. *The processing of personal data is authorized on the basis of art. 13 of Legislative Decree 196/2003 and art. 13 of EU Regulation 2016/679 concerning the protection of individuals with regard to the processing of personal data.*
3. *For any dispute between the parts, regarding the interpretation or failure to comply with the agreements contained in this registration, the parts recognize the exclusive jurisdiction of the Court of Siena.*

Data
Date

Firma
Signature

THE AILEY SCHOOL

OFFICIAL SCHOOL OF ALVIN AILEY AMERICAN DANCE THEATER

2022-2023 APPLICATION FORM

To be entered by Audition Panel.

AUDITION #: _____

AUDITION CITY: _____

AUDITION DATE: _____

What term(s) are you applying for?

Academic year 20 _____ Summer 20 _____

What Program (s) are you applying for?

PD-Certificate PD-Independent Study Summer Intensive

Have you applied OR auditioned to any programs at The Ailey School before?

Yes* No *If Yes, what program: _____

Please **TYPE** or **PRINT CLEARLY** in each of the following sections:

A. APPLICANT'S INFORMATION:

Applicant's Full Name:			
Date of Birth: (mm/day/year)	Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Mailing Address: House or Building number and Street Name			
City, State, Zip, Country			
Home Telephone:	Student's Mobile phone:		
E-mail address for Audition Result notification:	<i>(Audition Result will also be emailed to parents if student is under 18 yrs. of age)</i>		
<i>(If different from Mailing Address)</i>			
Permanent Address: House or Building number and Street Name			
City, State, Zip, Country			

B. INTERNATIONAL STUDENT INFORMATION: *Section B for International students only*

Country / City of Birth:	Country of Citizenship:
Do you reside in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	What type of Visa do you currently have (if any?) <input type="checkbox"/> F-1 <input type="checkbox"/> M-1 <input type="checkbox"/> B-2 Tourist <input type="checkbox"/> Other
Do you have a Green Card ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

C. PARENT / GUARDIAN INFORMATION:

Full Name of Parent/Guardian:	Relationship to you:
E-mail address:	Home phone:
Address: Street Name	Mobile phone:
City, State, Zip, Country	Business phone:

D. ETHNICITY CATEGORY: (*Optional)

*As a school that participates in Federal Financial assistance programs, The Ailey School is mandated by the U.S. Department of Education to provide data on the ethnic categories of our student body. Please identify yourself in one of the following categories:

- | | | |
|---|---|---|
| <input type="checkbox"/> Nonresident Alien | <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White |
| <input type="checkbox"/> Two or more races | <input type="checkbox"/> Asian | <input type="checkbox"/> Race and Ethnicity Unknown |

E. CURRENT DANCE TRAINING: *List current Dance Schools/Studios attending:*

Techniques:	Years or Months:	Teacher(s):	Dance School(s):	Address:
BALLET:				
HORTON:				
MODERN:				
JAZZ:				

F. PREVIOUS DANCE TRAINING: *List previous Dance Schools/Studios attended:*

Techniques:	Years or Months:	Teacher(s):	Dance School(s):	Address:
BALLET:				
HORTON:				
MODERN:				
JAZZ:				

G. ACADEMIC EDUCATION: *(Please fill out completely)*

*(Junior Division Only) *Elementary or Middle School Name:		* Years in Attendance:	
*Full Address:			

High School Name:		Year Diploma or GED received/will receive? (YYYY)	
Full Address:			

College/University:		Year Degree received/will receive? (YYYY)	
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DO NOT WRITE IN THIS SECTION BELOW
(For School Staff Use only)



AUDITION RESULT:

Student is Accepted to the following **Professional Division** Program (s):

- Certificate
 Independent Study
 Scholarship _____
 Summer Intensive
 None(Declined)

Student is Accepted to the following **Junior Division** Program (s):

- First Steps 1, 2, 3**
 Level 1
 Level 2
 Level 3
 Level 4
 Level 5
 Level 6
 Level 7
Summer:
 Level A
 Level B
 Level C
 Level D
 None (Declined)

School Staff & Faculty Evaluation: Ballet level _____ Horton level _____ Modern level _____	Comments/Faculty initials:
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