

School of the Hamburg Ballet
 Caspar-Voght-Str. 54, D-20535 Hamburg, Tel.: +49 (0)40 3568930 / -31
 Email: schule@hamburgballett.de

APPLICATION FORM

Name:	First Name:		
Date of Birth:	Place of Birth:		
Nationality:			
Academic School:			
Academic Form or Grade next School Year:			
Languages spoken:			
Ballet Schools previously attended, how many years:			
Teacher's Name:			
Ballet Lessons per Week:			
Name of Parents or Legal Guardians:			
Address:	Telephone:		
	Mobile/Cell phone:		
Postal Code:	City:		
	Email:		
Boarding School: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Weight:	Height:	Mother's height:	Father's height:
Other Remarks:			

Please send us 3 photos in the following positions (Girls in leotard and tights without skirt / Boys in fitted T-shirt and tights):

Attitude derrière effacé (girls on pointe from 13 years old)

Tendu à terre à la seconde en face

4th position croisé (girls on pointe from 13 years old)

Date: _____ Parent's Signature: _____