



# LOS ANGELES BALLET SCHOOL

DIRECTORS: THORDAL CHRISTENSEN & COLLEEN NEARY  
ADMINISTRATIVE DIRECTOR: JULIE WHITTAKER

## Application Form

Name of student: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Parent work: \_\_\_\_\_

Student e-mail: \_\_\_\_\_ Parent/Guardian e-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Person to contact in an emergency: \_\_\_\_\_

Current grade in school: \_\_\_\_\_

Previous training/school: \_\_\_\_\_

Years of training: \_\_\_\_\_

Ballet: \_\_\_\_\_ Pointe: \_\_\_\_\_ Jazz: \_\_\_\_\_

Other: \_\_\_\_\_

**Mail, fax, or deliver completed application to:**

Los Angeles Ballet School  
11755 Exposition Boulevard, Los Angeles, CA 90064  
Fax: 310.477.7414