

Dance Institute of The University of Akron

Akron, Ohio 44325-2502 330-972-7949

PLACEMENT AUDITION REGISTRATION FORM

Note One: The Summer Session is designed to enhance each student's abilities, culminating in a final stage presentation on the last day of class. It is highly recommended that students attend the full four weeks. Students attending two weeks must attend the first two weeks. Any special requests will be placed on a waiting list and notified of space availability after the last audition.

Note Two: All students are assessed during the placement audition and during their first week of classes to ensure that they have been placed in the proper level. In some cases, students will be moved to a higher level. Since we at Dance Institute are conservative in initial placement, it is rare, although possible, that a student is moved to a lower level once classes begin.

Name _____ Date _____

Age as of 6/1 _____ Birth date (month, date, year) _____

Academic School _____ Grade in fall _____

Parent(s) Name(s) _____ email _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Years of previous ballet training _____ Years of Pointe _____

School of previous training _____

Hours of ballet training per week: _____ classes @ _____ hours each.

Have you ever attended Dance Institute? YES _____ NO _____

If yes, what was the date of the last session? _____

What level were you in? _____

REGISTRATION FEE: \$10.00 _____

(with first registration only, all levels)

AUDITION FEE: \$17.00 _____

(for those with previous ballet experience, placement is needed)

TUITION: See level information sheets. To reserve a place in class, return this form with the first tuition installment in the amount of \$ _____.

NOTE: Make all checks payable to Dance Institute.

Cash, Check, and Credit Cards (Visa, MC, Discover) are accepted.

IF PARENT IS EMPLOYED AT THE UNIVERSITY OF AKRON:

DEPT. _____ MAIL ZIP _____ EXT. _____

Office Use Only:

Audition Date: _____ Housing: YES NO Attending: 4 / 2 Placed in level: _____

Note of Financial Responsibility

As a parent/guardian of _____, a minor,
I assume full responsibility for payment of tuition to the Dance Institute of
The University of Akron in the amount of \$ _____, which is the
tuition for the _____ class level.

I agree to pay tuition as follows:

_____ one payment

_____ two payments* of (for tap and pre-ballet only) _____

_____ three payments* of _____

*According to the semester payment schedule.

signature

PLEASE NOTE: Only in cases of extended illness or injury, and upon receipt of a letter from the student's doctor, will a tuition credit be given or a refund made, which ever is mutually agreed upon between the parent and Dance Institute. In the case of a refund, there is a \$25 processing fee.

Signature _____

Name (Printed) _____

Relationship to student _____

If billing address is different than on the front of this paper:

Name _____

Address _____

City _____ State _____ Zip _____