2025 DANCE ACADEMY EXPRESSION OF INTEREST



Please complete and return to the College PRIOR to audition

Email: Melody.Fricker@education.wa.edu.au

Student Surname							
Student Given Names							
Date of Birth							
2024 Year Level	6	7	8	9	10 (please circle)		
Current Primary School							
Have you enrolled or applied to attend Kinross College for 2025? YES / NO							
Medical conditions:							
Experience:							
Current Club/s							
Years danced?							
Parent/Caregiver contact details							
Name:	- Cactano		Name:				
☎:			: :				
Relationship:			Relationship:				
Email:			Email:				
Address:			Address:				
PLEASE PROVIDE IMAGE OF STUDENT WITH EXPRESSION OF INTEREST FORM See over							

Why are you interested in joining the Elite Dance Program:						
What can vo	u brir	ng to the Program:				
	и <u>.</u>	<u></u>				
What are yo	ur acl	nievements in Performing Arts:				
Office Hoo	I	Approved		Not Approved		
Office Use only	Signature:		Date:			