

New Student Placement Recommendation Form

Name of Student _____

Address _____

Street

City

Zip

Phone _____

e-mail _____

Parent/Guardian Name _____

Birthday _____

Grade _____

Years of training _____

what kind of training (types of classes) _____

where training occurred _____

conflicts (schedule, travel, etc) _____

Dancer Staff Completes:

Date _____ Location _____ class taken for placement audition _____

Instructor opinion _____

The class(es) recommended by the instructor doing the placement audition

1st Follow up call

Date _____ Contact person for 1st follow up call _____

Response _____

2nd Follow up call

Date _____ Contact person for 1st follow up call _____

Response _____

Enrollment Response _____

Comments _____