

***Please PRINT clearly.**

STUDENT INFORMATION FORM

1. NAME: (Ms. / Mr.) _____
FIRST LAST

2. ADDRESS IN NEW YORK (IF KNOWN):

TELEPHONE: _____ CELL: _____

3. ADDRESS IN YOUR HOME COUNTRY:

City: _____
Prefecture: _____ Zip: _____ Country: _____
TELEPHONE: _____

4. E-MAIL: _____

5. DATE OF BIRTH: _____
MONTH DAY YEAR

6. COUNTRY OF BIRTH AND CITIZENSHIP: _____

7. PASSPORT NUMBER: _____ EXPIRATION DATE: _____

8. STATE THE SOURCE OF YOUR SUPPORT (\$17,500.00)
(TUITION — \$7,200 AND EXPENSES FOR 12 MONTHS-\$10,300)

PERSONAL FUNDS OF THE STUDENT \$ _____

FAMILY FUNDS FROM ABROAD (Specify relationship): _____ \$ _____

FUNDS FROM ANOTHER SOURCE (Specify source): _____ \$ _____

9. STATE YOUR PREFERRED PROGRAM STARTING DATE:
NOT LATER THAN: _____
MONTH DAY YEAR

10. PREVIOUS DANCE TRAINING (IF ANY): (STATE STYLE OF DANCE / YEARS OF TRAINING)

11. HOW DID YOU HEAR ABOUT BALLET ARTS?

I fully understand and accept the Ballet Arts Open Certificate Program requirements, and agree to comply with international student guidelines at Ballet Arts according to the immigration regulations set forth by the United States Citizenship & Immigration Services (USCIS).

I will not hold Ballet Arts responsible for any injuries, medical condition or loss incurred while on Ballet Arts premises for classes, rehearsals or performances.

Student Signature: _____ Date: _____