



SEAVIEW HIGH SCHOOL - SPECIAL INTEREST DANCE APPLICATION

Student's Name

Address:

..... p/c

Parent/Guardian Names and Contact Phone Numbers (Work and Home)

Parent/Caregiver 1 Name:

Contact Phone Number: Email address:

Parent/Caregiver 2 Name:

Contact Phone Number: Email address:

Current School: Current Year Level:

Dance experience (exam or competition level achieved)

.....

Name of current Dance Teacher/s:.....

Name of Dance Studio/Club

Contact Phone Number/s:

Please include the following with your application:

- Confidential referee statement/s
(template is on the school website and is to be sent directly to Seaview HS)
- Most recent school report

In your own words, explain why you would like to participate in the Special Interest Dance program and what strengths you bring to the program.

.....

.....

.....

Please return this form to Seaview High School
Please contact the school or visit
www.seaviewhs.sa.edu for more information.

Seacombe Road, Seacombe Heights SA 5047
Ph: 8377 8000 www.seaviewhs.sa.edu.au



Government of South Australia

Department for Education
CRICOS Provider No. 00018A