



SEAVIEW HIGH SCHOOL – SPECIAL INTEREST DANCE APPLICATION

Student's Name

D.O.B ED ID Number.....

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):

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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
- Video submission

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

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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