

BALETTAKADEMIEN

STOCKHOLM

Application for the Professional Dancers Education Balettakademien, Stockholm Semester 2024/2025

Name:.....Personal identification number or Date of birth:.....

Postal address:..... Telephone:.....

E-mail:.....

PLEASE ATTACH:

- Certificate of health (using the form provided)
- Final graduation results from upper secondary school (immediately when available)

Previous academic education:

PREVIOUS DANCE TRAINING:

Preparation programmes.....
(School's name and years attended)

.....

Ballet:.....

.....

.....

.....

.....

Modern/contemporary dance:

.....

.....

.....

Jazz:.....

.....

.....

.....

B A L E T T A K A D E M I E N

STOCKHOLM

Street:.....

.....

.....

.....

Previous experience in song/drama:

.....

.....

Previous experience of stage performance:

.....

.....

Motivation for applying to Balettakademien's Professional Dancers Education:

.....

.....

.....

Have you applied to the Professional Dancers Education before?

YES

NO

If Yes, when?

..... of..... 20.....

.....
Signature