

Expression of Interest Kelvin Grove Dance Excellence Year 7 in 2025

Student Details

Name of Student			Male 🗆 Female 🗆
DOB://_ Current School :			
Parent/Guardian Name:			
Address:			-
Phone number:	Email:		
Dance Experience			
Genre(s) of Dance learnt:			
Current teacher or studio:			
Level of expertise and results of exams (if	f applicable: _		
Number of dance classes per week:	Nı	umber of years studied:	
Personal Statement			
Please write a brief statement about you	and why you	want to be in Dance Exc	ellence

\Box I confirm that the information contained in this application is correc	ct and complete and understand that
provision of misleading information may lead to cancellation of my ap	·
Signature of Student:	Date://
Signature of Parent/Guardian:	Date://
Audition requirements	
 Closing date: COB Friday 31 May. Live audition: Thursday 13 June. Applicants will be sent details. 	
Please forward your application to: msenrolments@kelvingrovesc.eq.edu.au	
Checklist:	
□ General EOI	
□ Dance EOI	
□ 2023 school report	
□ Year 5 NAPLAN report (if available)	
□ catchment documents (if applicable)	
□ digital audition	

Current KG students: submit Dance EOI only