



Kelvin Grove State College

The Pursuit of Excellence With All Our Might

AUDITION APPLICATION Trackdance Program- Year 3 to 6

Family Name (Block Letters) _____

Given Names/s _____

Date of Birth ____/____/____ applying for school level 3 / 4 / 5 / 6 (circle)

Address _____

Post Code: _____

Parent/Guardian Name/s _____

Parent Mobile _____ Home Phone _____

Parent email/s _____

Complete where applicable:

Previous dance experience (if any):

Current dance studio teacher/s: _____

Medical or physical issues (e.g. previous injuries, allergies etc.): _____

Signature of Parent/Legal Guardian: _____ Date : ____/____/____

Please return this form to KG Dance Excellence and Trackdance Coordinator, Nicole Galea
[:ngale19@eq.edu.au](mailto:ngale19@eq.edu.au)