



*Department of Teaching and Learning  
K-12 and Gifted Programs*

## Gifted Dance Education Program *Intent to Audition* Form

**(Non-VBCPS Students)**

*(Students currently enrolled in VBCPS must complete the online application at [vbschools.com](http://vbschools.com))*

Applications for students not currently enrolled in Virginia Beach City Public Schools should be completed and returned to Old Donation School, 4633 Honeygrove Road, Virginia Beach, VA 23455 by 4:00 p.m. on or before January 7, 2025. Incomplete, late or faxed applications will not be processed.

**Application is due to Old Donation School by January 7, 2025, by 4:00 p.m.**

Student's **Legal** Name: \_\_\_\_\_  
*Last First MI*

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

If your child has a current IEP or 504 Plan, a copy of the testing accommodations **must** be attached.

School of Attendance for school year 2025-2026: \_\_\_\_\_

**I acknowledge and confirm the information on this application is accurate;  
I am aware of the application and audition process;  
I confirm that my student is a Virginia Beach resident;  
and by signing below, I give VBCPS permission to test my student through the audition process.**

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Do not write below this line.*

### IDENTIFICATION COMMITTEE RESULTS

\_\_\_\_\_ IDENTIFIED

\_\_\_\_\_ NOT IDENTIFIED

\_\_\_\_\_  
*Signature (Identification Committee Member)*