Rosary Academy Dance Team Application

Student Information

Name_____

Grade '26 – '27 _____Date of Birth _____

Home Address_____

City_____Zip code_____

Home phone_____ Cell_____

Student Email_____

Parent/Guardian Information

Mother's Name_____Father's Name_____

Primary contact email_____

Primary contact cell phone_____

What dance studio(s) do you currently attend? _____

_____

How many days a week do you attend, and what classes do you currently take?

_____

_____

What is your previous dance experience? _____

_____

Other activities and interests?_____

_____

How would you view your role as a Rosary Dance Team member? _____

_____

_____

_____

What does being a team player mean to you? _____

_____

_____

_____

_____

Checklist:

_____ Diocese of Orange / Rosary Academy Release Form

_____ Rosary Academy Media Release Form

Please attach photo here