

Artistic director: Anderson Santana

APPLICATION FORM FOR THE PROFESSIONAL INTENSIVE TRAINING PROGRAM (PTP-24) ACADEMIC YEAR: 2024 / 2025

Please select from the following options:

PTP, Age 15-17	PTP, Age 18-20	Video audition	In-person audition			
Reserved for Administrat Reception Date: Result Selection : Acc Yes No	ion On-hold		Click here to upload your ID photo			

		ST	UDENT'	S INFO	RMATIC	ON				
First Name				Last Na	me					
Date of birth		Age		Female Male				t lite -		
(dd/mm/yy)							Nationality			
Mother tongue	i.							<u> </u>		
Other languages										
Addross	Street & N	D								
Address	City		Post	code			Country			
Student's mobile pho	ne		i		Email					
Facebook				Inst	agram					
Height (cm)			Wei	ight (kg)						
Current ballet school										
Ballet teachers										
Since what age have you been dancing?		Number studyinរួ	r of years g ballet				′ears girls)	on pointe		
How many hours per week do you practice	Classical Ballet		Mod	dern	ern			Other (pleas specify)	e	

PARENT'S INFORMATION					
Father's first and last name /			Phone Nº		
Guardian name	Email		Profession		
Mother's first and last name /			Phone N°		
Guardian name	Email		Profession		

Parent's address (if different from	Street & N°						
that of the student)	City		Post code	Country			
Student's current studies							
Diploma received?							
Previous dance schools attended							
Stage experience (if there is any)							
Competitions and results (if there are any)							

How / where did you hear about us	Facebook / Instagram	Ballet co	allet competition	
	Dance magazine	Other:		

I certify that the information contained on this form and any attachments is complete and accurate in all respects. I hereby certify that the information contained in the attached application form is correct to the best of my knowledge and belief.

Date of application	
Signature of parent/guardian	



Brussels International Ballet School

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