

**LVR Dance Academy
Application 2020/21**

Applicant's Name _____

Preferred First Name _____ Birthdate (year/month/day) _____

Address _____

City _____ Province _____ Country _____ Postal Code _____

Home Phone number _____

Mother or Guardian's Name _____ Phone _____

Father or Guardian's Name _____ Phone _____

Student e-mail _____

Parents' or Guardians' email(s) _____

Please ensure you have completed the following:

- Completed Application Letter – to be completed by the student
- Medical Form – to be completed by the parent/guardian and student
- Teacher Reference Form - in a sealed envelope
- Community Reference Form - in a sealed envelope

Returning applicants do not need complete the Teacher of Community Reference Forms.

Dance Academy Application Process Notes:

Note 1: Deadline for submission is April 3rd, 2020. Failure to submit all documents to the office may result in the disqualification of the applicant.

Note 2: There is a program fee of \$250 per semester for the Dance Academy. The linear program cost is \$400. This fee is charged to cover costuming costs. This fee is non-refundable. It is recommended that families purchase school insurance in case a student needs to withdraw from the Dance Academy due to illness and/or injury.

Note 3: All applicants will need to attend the audition as a part of the screening process to determine technical suitability for the program. The audition will take place in June. Students who are not yet ready for Dance Academy will be encouraged to enroll in a Dance Foundations course to further build their technique before re-applying to the program.

Students who are unable to attend the audition need to submit a video in mp3, mp4 or mov. format. This video should include pliés, tendus, and battements at the barre. Turning and jumping sequences are also required. A short individual combination is also welcome, but the dancer must be the only person in the video clip.

Note 4: Applications will be screened and evaluated on the following criterion:

- Application – “Is the application complete and on time?”
- Ability Level and Medical Health: “Is the applicant transparent about their medical health? Does the applicant have sufficient technical ability to enter the program?”
- Evidence of Positive Character Reference: “Does the applicant come with a solid and reliable reference?”
- Level of Commitment and Self-Awareness: “Does the applicant show a strong level of self-awareness, including their challenges and strengths?”

LVR DANCE ACADEMY

Application Letter: Part A

The Dance Department at LVR has worked hard to achieve its reputation for leadership and excellence. Many high performing students have used this program as a stepping stone in their dance careers. This program requires a tremendous amount of dedication. Your commitment to the program is more than just to yourself, it is also to those who surround you.

Please write a letter that clearly addresses each of the following topics:

- 1) How did you hear about the LVR Dance Academy?
- 2) Why would you be a strong candidate for the LVR Dance Academy? What experiences have you already had that have prepared you for this type of commitment?
- 3) What are your goals for the upcoming 2017-2018 year? These goals may include technical improvement, artistic growth, university entrance etc. Try to make your goal SMART. The SMART acronym stands for specific, measurable, attainable, result-oriented and time bound.
- 4) What strengths do you feel you would bring to the Dance Academy?
- 5) What do you feel will be your greatest challenge(s) in the Dance Academy?
- 6) Tell me something I don't already know about you that I should be aware of. It could be about the wonderful summer school you went to, or a great performance you attended. It could also be the moment you realized that you had a passion for dance and wanted to pursue dance on a committed level.
- 7) Visualize yourself at the end of this course with all the sweaty rehearsals and incredible performances completed. What will you say that you have gained or achieved? What will you be proudest of?

Please type your admission letter.

LVR DANCE ACADEMY

Reference Form: Part B

Part B: Medical Questionnaire: To be completed by the student.

Questions	Yes ✓	No X	Details
1. Do have any present medical issues?			
2. Does your health prevent you from participating in any physical activities?			
3. Do you smoke and/or vape? If yes, how much?			
4. Do have asthma or shortness of breath?			
5. Have you ever had seizures?			
6. Do you have any dietary restrictions?			
7. Do you have any muscular or skeletal issues that limit your present activities or may limit your physical activities?			

8. Please describe your current physical activity, including frequency and duration, if applicable.

9. Please describe any other conditions that may have a bearing on your health, or your ability to participate in the Dance Academy.

Student signature: _____

Date: _____

LVR DANCE ACADEMY

Reference Form: Part B

Medical Questionnaire – Parent/Guardian to complete and sign

Your son/daughter has applied for entry into the LVR Dance Academy. Students enrolled in this program participate in many physically and mentally challenging activities such as the rapid acquisition of choreography, participation in regular classes and participation in master classes and workshops. As travel can occur throughout the year for festivals, competitions and workshops it is important to have all medical information on hand. Thank-you in advance for taking the time to complete this form.

Student name: _____ Birthdate: _____ (M/D/Y)

BC Medical Services Health Plan N.: _____ Student School Accident Insurance Yes No

Allergies (e.g. specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above? _____

Carries Epi pen? Yes No Carries Ana Kit? Yes No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, hospitalization or surgery, chronic conditions, phobias, etc.) Please be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Medication(s) taken at this time (name, reason, dosage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns:

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone # _____

Parent/Guardian who is filling out and signing this form:

Name (please print) _____

Signature _____ Date: _____

LVR DANCE ACADEMY

Reference Form: Part C

Reference Letter Form (Teacher)

Name of applicant (first and last): _____

Instructions for the applicant/student:

- 1) Carefully read all questions on this form. With these questions in mind, choose a secondary school teacher and an adult community member who will provide a confidential reference for you.
- 2) Your reference writer should have known you for long enough and well enough to be able to evaluate you in the listed areas. A reference writer **may not be a relative**.
- 3) Please fill in your name (Name of Applicant) on both sides of this form.
- 4) Please give your reference writers ample time to complete the form and return it to you well before the deadline.
- 5) Ensure that your reference is placed in a sealed envelope and is attached to your application form. Failure to submit all forms may affect your entry to the program.

Name of Reference Writer (First and Last): _____

Occupation: _____ Phone (day): _____

Instructions for the reference writer:

1. Please be honest.
2. Please review the Dance Academy web page prior to completing this reference, so that you can comment on the suitability of the applicant. <http://www.lvrdance.com/dance-courses.html>
3. All information provided will be held in confidence
4. To maintain confidentiality, please place the completed form in a sealed envelope and sign along across the seal.
5. Return the sealed envelope to the applicant, so that he/she can submit it with their application.

LVR DANCE ACADEMY

Reference Form: Part C

Teacher Reference Form

Name of Applicant (first and last): _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

In comparison with other students (young people) at the applicant's level with whom you have been associated, please rate the applicant with respect to the following categories:

	Outstanding	Excellent	Average	Below Average	Unable to rate
Respect					
Being considerate of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showing concern for ideas of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being respectful of property and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility					
Assuming responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arriving prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting in a friendly, helpful manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills					
Listening well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating fully in group/class tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practicing self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being inclusive of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude					
Demonstrating a positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being open to new experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showing interest in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership					
Demonstrating Initiative (self-directed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What specific qualities make this applicant a suitable person for the Dance Academy?

Do you recommend this applicant for the Dance Academy? Yes No

Teacher's Signature: _____

Date: _____

LVR DANCE ACADEMY

Reference Form: Part C

Community Reference Form

Name of applicant (first and last): _____

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Practicing self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do you recommend this applicant for the Dance Academy? Yes No

Teacher's Signature: _____

Date: _____