



School of the Hamburg Ballet

Caspar-Voght-Str. 54, D-20535 Hamburg, Tel.: +49 (0)40 3568930 / -31

Email: schule@hamburgballett.de

APPLICATION FORM

Name:		First Name:	
Date of Birth:		Place of Birth:	
Nationality:			
Academic School:			
Academic Form or Grade next School Year:			
Languages spoken:			
Ballet Schools previously attended, how many years:			
Teacher's Name:			
Ballet Lessons per Week:			
Name of Parents or Legal Guardians:			
Address:		Telephone:	
		Mobile/Cell phone:	
Postal Code:	City:	Email:	
Boarding School: Yes ☐ No ☐			
Height:	Mother's height:	Father's height:	
Other Remarks:			

Please send us 3 photos in the following positions

(Girls in leotard and tights without skirt / Boys in fitted T-shirt and tights):

- Attitude derrière effacé (girls on pointe from 13 years old)
- Tendu à terre à la seconde en face
- 4th position croisé (girls on pointe from 13 years old)

Date:

Parent's Signature: