Application Package

Dance Academy Application Process Notes:

Note 1: Deadline for submission is March 7th, 2022. Failure to submit all documents to the office may result in the disqualification of the applicant. Applications will be date stamped.

Note 2: The program cost is \$400. The program fee for semester for Dance Academy is \$250. 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. It is not advisable to attend one semester only, as it impacts the entire group. Students who want to attend one semester only *must* have Ms. MacMillan's written permission to do so.

Note 3: Trips and festival competitions, if permitted, carry extra costs. Whenever possible we fundraise to offset these costs. All participants and families must be prepared to commit to fundraising to offset costs. Families with financial challenges are encouraged to contact Ms. MacMillan directly.

Note 4: 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 Wednesday, March 9th from 3:30-5pm. 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.

Note 5: 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 applicant/dancer must be the only person in the video clip. Students should contact Ms. MacMillan directly at jennifer.macmillan@sd8.bc.ca to arrange file transfer.

Applications and auditions will be screened and evaluated on the following criterion:

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

Application Letter: PartA

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 2022-2023 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 think your greatest challenge(s) will be in 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 Medical Questionnaire: PartB

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

Questions		Yes	No	Details		
		✓	Х			
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.	your ability to					
	Student signature: Date:					

LVR DANCE ACADEMY Medical Questionnaire: 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 sting	s, hay fever) Specify:					
Reaction(s) to above?						
Carries Epi pen? ☐ Yes ☐ No Carries Ana Kit?	□Yes □No					
Medical/physical conditions that may affect participation	n in the stated program/activity (e.g., recent illness or					
injury, hospitalization or surgery, chronic conditions, ph						
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:					

Reference Form: Part C

Rei	erence Letter Form (Teacher)					
Naı	ne of applicant (first and last):					
Ins	tructions 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)	forms may affect your entry to the program.					
Na	ne of Reference Writer (First and Last):					
Oc	cupation: Phone (day):					
Ins	tructions 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 for 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.

Reference Form: Part C

Teacher Reference Form								
Name of Applicant (first and l	Name of Applicant (first and last):							
How long have you known the	How long have you known the applicant? In what capacity do you know the applicant?							
In what capacity do you know								
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:								
	tanding	Excellent	Average	Below Average	Unable to rate			
Respect Being considerate of others Showing concern for ideas of others Being respectful of property and equipm	nent							
Responsibility Assuming responsibility Arriving prepared Following directions Acting in a friendly, helpful manner								
Interpersonal Skills Listening well Participating fully in group/class tasks Practicing self-control Being inclusive of others								
Attitude Demonstrating a positive attitude Being open to new experiences Showing interest in learning								
Leadership Demonstrating Initiative (self-directed) Demonstrating Independence								
What specific qualities make this app	plicant a :	suitable person	for the Dance I	icademy?				
					*			
Do you recommend this applicant for	the Dan	ce Academy? ¥	es No					
Community Member's Signature:				Date:				

Reference Form: Part C

Co	mmunity Reference Form					
Nar	me of applicant (first and last):					
Ins	tructions for the applicant/student:					
	Carefully read all questions on this form. With these questions in mind, choose a secondary school teacher and an adult nmunity member who will provide a confidential reference for you.					
,	our reference writer should have known you for long enough and well enough to be able to evaluate you in the listed eas. A reference writer may not be a relative.					
6)	Please fill in your name (Name of Applicant) on both sides of this form.					
7)	Please give your reference writers ample time to complete the form and return it to you well before the deadline.					
8)	Ensure that your reference is place in a sealed envelope and is attached to your application form. Failure to submit all forms may affect your entry to the program.					
Naı	me of Reference Writer (First and Last):					
Oc	cupation: Phone (day):					
Ins	structions for the reference writer:					
6.	Please be honest.					
7.	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					
8.	. All information provided will be held in confidence					
9.	To maintain confidentiality, please place the completed for in a sealed envelope and sign along across the seal.					

10. Return the sealed envelope to the applicant, so that he/she can submit it with their application.

Reference Form: Part C

		Localities de						
Comm	unity Reference Form	n.						
Name o	Name of Applicant (first and last):							
How los	ng have you known tl	ne applican	it?		8			
In what	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 associate please rate the applicant with respect to the following categories:							
	Ou	standing	Excellent	Average	Below Average	Unable to rate		
Showing o	siderate of others concern for ideas of others pectful of property and equip	ment						
Arriving p Following	responsibility orepared directions a friendly, helpful manner							
Practicing s	rell ng fully in group/class tasks							
Being ope	rating a positive attitude on to new experiences nterest in learning							
	rating Initiative (self-directed rating Independence	0)						
What specific qualities make this applicant a suitable person for the Dance Academy?								
Do you recomm	nend this applicant fo	r the Danc	e Academy? Y	es No				
Community Wa	ember's Sionature:				Date:			