



Registration Form

Selection test for the academic year 2025 / 2026

To be completed by the Hearing Secretary

Group

Candidate nº

To be completed by Candidate (Bulletins that are not fully completed, with legible handwriting and a pasted photograph will be discarded.)

CANDIDATE IDENTIFICATION

Name

Born in / / Age Weight Kg Heigh cm

School you attend:

School year attended: year / Year you are applying for: year

If you have measures to support learning and inclusion, indicate which ones:

☐

Universal

☐

Selective

☐

Additional

Practice in dance: (If there is no previous preparation, leave it blank. If yes, indicate the name of the respective teachers and schools)

PARENT OR GUARDIAN INFORMATION

Name Parentage

Address

locality Postal Code -

Contact Phone e-mail @

Parent or Guardian Authorization

/ /
Date

Signature