

# THE AILEY SCHOOL

OFFICIAL SCHOOL OF ALVIN AILEY AMERICAN DANCE THEATER

## External Audition Form

**Please Read → Student must see and fill out this form with their Advisor before attending the audition. Final approval will be determined by the School Director if absence will be excused.**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First*

Faculty Advisor: \_\_\_\_\_ Program: \_\_\_\_\_

Name of Audition: \_\_\_\_\_

DATE OF AUDITIONS: \_\_\_\_\_  
*Day of the week Month Day Year*

**Please list below the classes you are missing in order to attend the audition.**

Day/ Date/ Time  
(EX): Mon, Jan.1,09 8:30am

Class / Level  
(EX): Modern I

Teacher  
(EX): Jefferson

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**For Office Use Only:**

**Comments:**

Advisor's Signature: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director Approved:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_