

Pegasus

Dance Studios

Student Teacher Education Program Application

APPLICANT			
NAME	HOME PHONE	CELL PHONE	BIRTHDATE
STREET	CITY, PROVINCE AND POSTAL CODE		

EDUCATION		
Level	Specialized Program (e.g. Arts Program)	GRADE

WORK EXPERIENCE (if any)		
NAME OF EMPLOYER	WORK PERFORMED	DATES EMPLOYED

EXTRA CURRICULAR ACTIVITIES, CLUBS , VOLUNTEER WORK, AWARDS

SPECIALIZED SKILLS (Bilingual, Computer Skills, First Aid Training, Hobbies)

WHY ARE YOU INTERESTED IN THIS TRAINING COURSE

PERSONAL REFERENCES		
NAME	PHONE NUMBER	YEARS KOWN

Signature

Date