2026-2027 LAHS Dance Program Audition Information

Mandatory Audition Workshop 5/4/26:

- Dance routine/across the floor combinations will be taught Monday, May 4th, from 3:45-5:45 PM in A2.
- All participants must attend the workshop to learn the audition material, be on time, and stay until 5:45 PM.
- This is a closed workshop. No spectators are allowed, including family.

Audition Material (taught to dancers during workshop)

- Perform 3 technical across the floor combinations (pirouette, jump, flexibility)
- Perform 1 dance routine that will be taught at the workshop

Day of Audition Information 5/6/26:

- **Wednesday, May 6th, at 3:45 PM in A2 (You will not be admitted if you are late). You will receive the audition order the day of the audition when you sign in.**
- Auditions for the dance program are **CLOSED.** This means no spectators are allowed, including family.
- Once your group has finished auditioning, you may leave.
- ***Results will be emailed TO STUDENT EMAILS by 4 PM on 5/15. (PLEASE MAKE SURE YOUR EMAIL ADDRESS IS CORRECT AND WRITTEN LEGIBLY ON THE APPLICATION BELOW)***

Attire: Participants should wear all black dancewear (tight clothes are preferred so we can see all dance lines). Dance shoes or socks must be worn during the audition. All hair needs to be pulled back in a ponytail or bun if long enough**.**

Dance Classes Offered at LAHS

1. Dance 1 (Dance PE): Beginning dance, **no experience or audition required**. (Please contact your counselor to be added to this class)

2. Dance 2 (Intermediate Dance) :Recommended but not required: 1 year of school or studio experience. A grade of B- or higher on first semester report card if you were enrolled in dance class at LAHS. You must audition to be placed in this class. Dance 2 participates in the spring concerts.

3. Dance 3 (Advanced Dance): Recommended but not required: 1-2 years of school or studio experience. A grade of B- or higher on first semester report card if you were enrolled in dance class at LAHS. You must audition to be placed in this class. Dance 3 participates in the winter and spring concerts.

4. Dance 4 (Dance Production): Recommended but not required: 1-3 years of school or studio experience. A grade of B- or higher on first semester report card if you were enrolled in dance class at LAHS. You must audition to be placed in this class. Dance Production participates in the winter and spring concerts, performs at rallies, and sometimes performs in the community.

TIME COMMITMENT AND ACCOUNTABILITY: Dance Production activities will begin the first day of school on August 6th and will continue through the end of the 2027 school year. All outside activities, including but not limited to work, social functions, studio teams/classes, and dr. appointments must be scheduled around

Dance Production activities. You cannot participate in a sport that will interfere with Dance Production responsibilities. That includes being pulled from the class to attend a game or practice for a different sport. There will be no weekly after school practices. The week of any performance, there may be after school rehearsals added. Dates will be sent out in advance.

Audition Packet Requirements

The following forms must be returned to Mrs. Gonzalez's mailbox in the front office by **4:00 PM on Monday April 27th , OR you can scan and email Mrs. Gonzalez all documents by 3:20 PM on Monday, April 27th. You must submit the following forms to audition:**

- Application (Form 1)
- Signed Acknowledgement (Form 2)
- Proof of Insurance Form (Form 3)

Thank you,
Belle Gonzalez
isagonzalez@hlpusd.org (email Belle Gonzalez if you have any questions)

(Form 1)

LAHS Dance Application
(please print legibly)

Personal Information:

Student's Name _____Grade Level in Aug. 2026: _____

Student's Current School _____

Home Address _____City/Zip_____

Parent/Guardian's name _____

Parent/Guardian's Phone #_____

Parent/Guardian's e-mail _____

Student's Cell Phone #_____Student's e-mail_____

(please make sure your email is written legibly)

Dance experience_____

Do you have any previous dance experience (circle one): YES NO

If you circled yes, please explain your experience (how long, styles/classes, studio/school):
_____
_____
_____
_____

Parent/Guardian permission_____

I hereby give permission for the above named student to audition for the dance program and for emergency medical treatment should it be necessary.

Signature_____

(Form 2)

ACKNOWLEDGEMENT

We have read the entire information packet and agree to abide by the rules, regulations, and requirements. We understand the time commitment as well as the expectation of conduct and accountability. We have also read, understand, and agree with the audition information.

We agree to abide by the decision of any judges involved in the audition process, as well as the dance teacher/coaches. **The decisions of the judges, teachers, and coaches are final and cannot be disputed.** We hereby waive Los Altos High School, the LAHS Athletic Department, the LAHS Dance Program, the Dance Teachers and Coaches, HLPUSD and any judges or individuals involved in the audition process of any responsibility or liability during the audition.

We are committed to being a productive part of the Los Altos Dance Program and will fully support all aspects of the program.

Please check the box next to the following program(s) you are interested in auditioning for:

- ❑ **Dance 4: Dance Production**
- ❑ **Dance 3: Advanced Dance**
- ❑ **Dance 2: Intermediate dance**
- ❑ **If I don't make Dance 2, 3, or 4, I am interested in enrolling in Dance 1 (Dance PE)**

_____

Student Name (Printed)

_____ _____

Student Signature Date

_____ _____

Parent/Guardian Signature Date

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

ATHLETIC CLEARANCE FORM

Form 3

Last Name:	**First Name:**	**MI:**
Birth Date:	**Sports/Activity:**	

Fall *Winter* *Spring*

California Law, Education Code, Section 32220-24 requires that every member of a high school athletic team have accidental bodily injury insurance, providing at least $1500 of scheduled medical/hospital benefits. The parent or guardian must provide proof that their family coverage satisfies the Code in relation to medical coverage. If you **have** the $1500, accidental bodily injury insurance, please fill out **ITEM 1** below. If you **do not have** accidentally bodily injury benefits for your son, daughter, or ward, please fill out **ITEM 2** below.

ITEM 1 -- ***MY MEDICAL COVERAGE POLICY FOR AT LEAST $1500 IS ISSUED BY:***

_____ _____

Insurance Company ***Policy Number***

I certify that the student listed above **has** accidental bodily injury insurance providing at least $1500 of scheduled medical/hospital benefits.

_____ / / _____ / /

Student's Signature ***Date*** ***Parent/Guardian Signature*** ***Date***

PROOF OF INSURANCE IS REQUIRED PLEASE ATTACH A PHOTOCOPY OF INSURANCE CARD HERE

ITEM 2

The athlete does not have accidental bodily injury insurance required. **YOU MUST COMPLETE APPROPRIATE MYERS STEVENS & TOOHEY & CO., INC. APPLICATION**

We have subscribed to Myers-Stevens & Toohey & Co., Inc. for athletic insurance, which meet the limits requested. (Myers-Stevens & Toohey & Co. Inc. will send verification of insurance to each school

_____ / / _____ / /

Student's Signature ***Date*** ***Parent/Guardian Signature*** ***Date***