



STUDENT'S NAME: _____

CURRENT GRADE LEVEL: _____ D.O.B. _____

ADDRESS: _____

HOME TELEPHONE: _____ PARENT/GUARDIAN CELL: _____

PARENT/GUARDIAN EMAIL: _____ @ _____

STUDENT CELL: _____ circle T-SHIRT SIZE: S M L XL XXL

At this point in time, my post-secondary plans are:

Apprenticeship College Program _____
Name of program (if known)

Workplace University Program _____
Name of program (if known)

What area of the Arts is your focus? Music Drama Dance

What makes you a suitable candidate for this program?

Do you have any health concerns that may affect your success in this program?

TEACHER REFERENCE:

Please write the name of an Arts teacher that would recommend you for the SHSM-Arts & Culture program:

PARENT / GUARDIAN DECLARATION:

I/We am/are aware that _____ has expressed an interest in registering for the Specialist High Skills Major Arts & Culture: Performing Arts program. I/We am/are aware that participation in this program does not in any way commit the student or the school to a post-secondary career in the arts & culture sector.

I/We am/are also aware that the student's image may be used in press releases, reports, video reports, etc. & give permission for this to occur.

Parent/Guardian Signature

Date