



Application 2020-2021

STUDENT'S LAST NAME _____ FIRST _____ MIDDLE _____

NAME CALLED BY _____ DOB ____/____/____ SEX _____

STUDENT'S GRADE LEVEL FOR FALL 2020 _____ PRIMARY ART FOCUS _____

NUMBER OF YEARS OF DANCE _____ MUSIC _____ THEATRE _____ VISUAL ART _____

PARENT/GUARDIAN #1 _____ CELL _____

CONTACT EMAIL ADDRESS _____

ADDRESS _____

PARENT/GUARDIAN #2 _____ CELL _____

CONTACT EMAIL ADDRESS _____

ADDRESS _____

Why would you like to be considered for this program and how would it be beneficial to your art focus? **This section should be completed by the student, a parent may assist younger students.**

What is your expectation for the Academy? **To be completed by parent.**

What is your expectation for the Academy? **To be completed by student, a parent may assist younger students.**

PARENT/GUARDIAN SIGNATURE_____

DATE_____

Applications are due May 15th, please attach a letter of recommendation from a non-family member.

Email you completed application and recommendation to: jeannie@labeledperformingarts.com