



To be completed by the student and parent/guardian and submitted to school counselor.

<b>Student Name</b>		<b>Date of Birth</b>	<b>Gender</b> (please check one) ____ Male ____ Female	<b>16/17 Grade Level</b>
<b>Home School</b>	<b>High School of Residence</b>	<b>Phone Number</b>	<b>Parent/Guardian</b>	<b>Contact Phone Number</b>
<b>Home Street Address</b>		<b>City</b>	<b>Zip code</b>	<b>Email address</b>

**PROGRAM SELECTION**

- This is my first year in the selected program
- I am a returning 2<sup>nd</sup> year or advanced student (*requires teacher approval*)

**EFA Teacher Approval Required:** \_\_\_\_\_

Teacher's Signature

**DANCE**

- Modern/Jazz Dance Studio (indicate section)**
  - Comstock – full year
  - Kalamazoo Central - full year
  - Kalamazoo Central -  1<sup>st</sup> Tri  2<sup>nd</sup> Tri  3<sup>rd</sup> Tri
  - Loy Norrix - full year
  - Loy Norrix -  1<sup>st</sup> Tri  2<sup>nd</sup> Tri  3<sup>rd</sup> Tri
  - Portage Central – 2<sup>nd</sup> Semester
  - Portage Central after school – full year
  - Vicksburg – 1<sup>st</sup> Semester
- Advanced Dance Company (*requires teacher approval*)**
- Integrated Dance/Health/PE (indicate section)**
  - full year
  - 1<sup>st</sup> Semester only
  - 2<sup>nd</sup> Semester only

**MEDIA ARTS**

- Advanced Multimedia Arts (*requires teacher approval*)**
- Advanced Video Arts Studio (indicate section)**
  - full year
  - 1<sup>st</sup> Semester only
  - 2<sup>nd</sup> Semester only
- Film and Video Arts**
- Media Arts Creative Suite**

**THEATRE AND MUSIC**

- Advanced Musical Theatre Workshop**
- Theatre Improv and Scriptwriting**
- Music Studio I**, Tuesday evenings
- Advanced Music Studio**, Thursday evenings

**ONLINE AND BLENDED LEARNING**

- Creative Writing Online** – 1<sup>st</sup> or 2<sup>nd</sup> semester
- Digital Storytelling Online** – 1<sup>st</sup> or 2<sup>nd</sup> semester
- Digital FilmArt** – 1<sup>st</sup> sem - Online/Monday evening
- Digital GraphicArt** – 1<sup>st</sup> sem - Online/Wed eve
- Digital StudioArt** – 2<sup>nd</sup> sem - Online/Monday evening
- Digital PhotoArt** – 2<sup>nd</sup> sem - Online/Wednesday eve
- Performance Poetry w/Kinetic Affect** – 1<sup>st</sup> or 2<sup>nd</sup>, Online/Tues Eve

**EARLY MIDDLE COLLEGE**

- KVCC Adobe Creative Suite** – 1<sup>st</sup> semester
- KVCC Adobe Photoshop** – 2<sup>nd</sup> semester

**PARENT/GUARDIAN APPROVAL FOR REGISTRATION**

I/we understand that our daughter/son is registering for an Education for the Arts program offered by the local schools through the Kalamazoo County Education for the Arts consortium and that:

1. Daily attendance is **REQUIRED**.
2. All students will be responsible for following the rules established by the program and failure to do so can result in removal.
3. Transportation may be the responsibility of the student if the local school does not provide transportation.
4. The sending school is making a financial commitment and students are expected to complete the full enrollment period.

I have read the attached information about the program, including the Special Requirements sheet, and give my approval for my son/daughter, \_\_\_\_\_, to enroll in the above program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date