



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

Student Name		Date of Birth	Gender (please check one) ____Male ____Female	Next School Year Grade Level
Home School	High School of Residence	Home Phone Number	Parent/Guardian Contact	Contact Phone Number
Home Street Address		City	Zip code	Email address
Transportation (if EFA program is offsite) Student Driving: ____ Yes or ____ No Bus: ____ Yes or ____ No (dependent upon local school district policy)				

PROGRAM SELECTION

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

EFA Teacher Approval Required: _____

Teacher's Signature

DANCE

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

MEDIA ARTS

- Advanced Multimedia Arts** (requires teacher approval)
- Advanced Video Arts Studio (indicate section)**
 - full year
 - 1st Semester only
 - 2nd Semester only
- Design for Digital Media**
- Film and Video Arts**

THEATRE AND MUSIC

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

VISUAL ARTS

- Advanced 2-D Art (indicate section)**
 - 1st Semester, Wednesday evening program
 - 2nd Semester mornings program
- Advanced 3-D Art (indicate section)**
 - 1st Semester mornings program
 - 2nd Semester, Wednesday evening program
- Studio Art Weekends**

ONLINE AND BLENDED LEARNING

- Creative Writing Online – 1st semester**
- Digital Storytelling Online – 2nd semester**
- Digital FilmArt – 1st sem - Online/Monday evening**
- Digital GraphicArt – 1st sem - Online/Wed eve**
- Digital StudioArt – 2nd sem - Online/Monday evening**
- Digital PhotoArt – 2nd sem - Online/Wednesday eve**

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