



To be completed by the student and parent/guardian and submitted to school counselor. Student Name Date of Birth Gender (please check one) 16/17 Grade Level Male Female Home School **High School of Residence Phone Number** Parent/Guardian **Contact Phone Number Home Street Address** City Zip code Email address PROGRAM SELECTION \square I am a returning 2nd year or advanced student (*requires teacher approval*) ☐ This is my first year in the selected program EFA Teacher Approval Required: DANCE **MEDIA ARTS** ☐ Modern/Jazz Dance Studio (indicate section) ☐ Advanced Multimedia Arts (requires teacher approval) ☐ Comstock – full year ☐ Advanced Video Arts Studio (indicate section) □ Kalamazoo Central - □ 1st Tri □ 2nd Tri □ 3rd Tri ☐ full year \square Loy Norrix - \square 1st Tri \square 2nd Tri \square 3rd Tri □ 1st Semester only ☐ Portage Central – 2nd Semester □ 2nd Semester only ☐ Portage Central after school – full year ☐ Film and Video Arts ☐ Vicksburg – 1st Semester ☐ Media Arts Creative Suite THEATRE AND MUSIC ☐ Intermediate Dance Studio ☐ Kalamazoo Central - full year ☐ Advanced Musical Theatre Workshop ☐ Loy Norrix - full year ☐ Theatre Improv and Scriptwriting ☐ **Music Studio I**, Tuesday evenings ☐ Advanced Dance Company (requires teacher approval) ☐ Advanced Music Studio, Wednesday evenings ☐ Integrated Dance/Health/PE (indicate section) ONLINE AND BLENDED LEARNING ☐ full year ☐ 1st Semester only ☐ **Creative Writing Online** – 1st or 2nd semester □ 2nd Semester only ☐ **Digital Storytelling Online** – 1st or 2nd semester ☐ **Digital FilmArt** – 1st sem - Online/Monday evening **VISUAL ARTS** □ **Digital GraphicArt** – 1st sem - Online/Thursday evening □ **Digital StudioArt** – 2nd sem - Online/Monday evening ☐ Advanced 2-D Art (indicate section) ☐ **Digital PhotoArt** – 2nd sem - Online/Thursday evening □ 1st Semester, Wednesday evening program ☐ 2nd Semester mornings program □ **Performance Poetry w/Kinetic Affect** – 1st or 2nd, Online/Tues Eve ☐ Advanced 3-D Art (indicate section) **EARLY MIDDLE COLLEGE** ☐ 1st Semester mornings program □ 2nd Semester, Wednesday evening program ☐ KVCC Adobe Creative Suite – 1st semester ☐ Studio Art Weekends □ **KVCC Adobe Photoshop** – 2nd 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. All students will be responsible for following the rules established by the program and failure to do so can result in removal. Transportation may be the responsibility of the student if the local school does not provide transportation. 3. 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