



**STUDENT REGISTRATION
KALAMAZOO RESA
EDUCATION FOR THE ARTS**

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	17/18 Grade Level
Home School	High School of Residence	Phone Number	Parent/Guardian	Contact Phone Number
Home Street Address		City	Zip code	Email address

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: _____

DANCE

- Modern/Jazz Dance Studio (indicate section)**
 - Comstock – full year
 - Galesburg-Augusta – full year
 - Kalamazoo Central - 1st Tri 2nd Tri 3rd Tri
 - Loy Norrix - 1st Tri 2nd Tri 3rd Tri
 - Portage Central – 2nd Semester
 - Portage Central after school – full year
 - Vicksburg – 1st Semester
- Intermediate Dance Studio**
 - Kalamazoo Central - full year
 - Loy Norrix - full year
- Advanced Dance Company (*requires teacher approval*)**
- 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
- Film and Video Arts (indicate section)**
 - Epic Center – full year
 - Vicksburg – full year
- Media Arts Creative Suite**

THEATRE AND MUSIC

- Advanced Musical Theatre Workshop**
- Theatre Improv and Scriptwriting**
- Music Studio I, Tuesday evenings**
- Advanced Music Studio, Wednesday 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 or 2nd semester
- Digital Storytelling Online** – 1st or 2nd semester
- Digital FilmArt** – 1st sem - Online/Monday evening
- Digital GraphicArt** – 1st sem - Online/Thursday evening
- Digital StudioArt** – 2nd sem - Online/Monday evening
- Digital PhotoArt** – 2nd sem - Online/Thursday evening

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 and give approval for my son/daughter, _____, to enroll in the above program.

Parent/Guardian Signature

Student Signature

Date