



To be completed by the student and parent/guardi Student Name		Date of Birth	Gender (please check one)		17/18 Grade Level
			Male	F1-	
Home School	High School of Residence	Phone Number	Parent/Guardian	Female	Contact Phone Number
Home Street Address City		Zip code	Email a	ddress	
PROGRAM SEL This is my first	LECTION year in the selected program	☐ I am a	returning 2 nd year or advan	ced student (r	equires teacher approval)
·		EFA Tea	cher Approval Required:		
<u>DANCE</u>			MEDIA ARTS		
□ Modern/.	Jazz Dance Studio (indicate s	ection)	☐ Advanced Multimed	dia Arts <i>(rea</i>	uires teacher approval)
☐ Comstock – full year			☐ Advanced Video Arts Studio (indicate section)		
☐ Galesburg-Augusta – full year			☐ full year		
□ Kalamazoo Central - □ 1st Tri □ 2nd Tri □ 3rd Tri			☐ 1st Semester only		
□ Loy Norrix - □ 1 st Tri □ 2 nd Tri □ 3 rd Tri			□ 2 nd Semester only		
☐ Portage Central — 2 nd Semester ☐ Portage Central after school — full year			☐ Film and Video Arts (indicate section) ☐ Epic Center – full year		
☐ Vicksburg — 1 st Semester			☐ Vicksburg – full year		
- Vickbourg 1 Semester			☐ Media Arts Creative Suite		
	liate Dance Studio				
	mazoo Central - full year		THE ATPE AND MUCLO	7	
□ Loy i	Norrix - full year		THEATRE AND MUSIC	<u> </u>	
☐ Advance	d Dance Company (requires t	eacher approval)	☐ Advanced Musical	Theatre Wor	kshop
* * * * * * * * * * * * * * * * * * * *			☐ Theatre Improv and Scriptwriting		
☐ Integrated Dance/Health/PE (indicate section)			☐ Music Studio I, Tuesday evenings		
□ Full			☐ Advanced Music St	udio, Wednes	sday evenings
	emester only Semester only				
VISUAL ARTS	1		ONLINE AND BLENDE	D LEARNIN	NG
□ Advanced	2-D Art (indicate section)		☐ Creative Writing O		
☐ 1 st Semester, Wednesday evening program			☐ Digital Storytelling Online – 1 st or 2 nd semester		
□ 2 nd Semester mornings program			☐ Digital FilmArt – 1st sem - Online/Monday evening		
☐ Advanced 3-D Art (indicate section)			☐ Digital GraphicArt – 1 st sem - Online/Thursday evening ☐ Digital StudioArt – 2 nd sem - Online/Monday evening		
☐ 1 st Semester mornings program☐ 2 nd Semester, Wednesday evening program			☐ Digital StudioArt = 2 nd sem - Online/Monday evening		
□ Studio Ar		ogram	_ Digital I noto it		me marsaay evening
PARENT/GUAR	EDIAN APPROVAL FOR RE	GISTRATION			
/we understand th	nat our daughter/son is registeri	ng for an Education	for the Arts program offere	d by the local	schools through the Kalamazo
County Education	for the Arts consortium and th			.	-
	tendance is <u>REQUIRED</u> .	orring the mil 1	aliahad bu tha maa 1	foilum to 1	30 oon rooult in rom1
	ents will be responsible for follortation may be the responsibility				
	ding school is making a financi				
have read the atta	ached information about the pr	ogram, including the	Special Requirements shee	et, and give m	y approval for my son/daughter
	, to e	nroll in the above pro	ogram.		
Parent/Guai	rdian Signature		Student Signature		Date