

Application for School of the Arts

Student Identification Number: _____
(get this from your teacher)

Student Name: _____

Address: _____
Street Number Street Apartment
City State Zip Code

Telephone: _____ Birthdate: _____

Parent/Guardian Name: _____

Current School: _____ Current Teacher: _____

Current Grade: _____

Check the **ONE** area in which you will be auditioning:

- Creative Writing Dance Drama Instrumental Music _____
(Only One Instrument)
- Theatre tech Visual Arts Vocal Music Piano

Waiting List:

Any student not chosen through the selection process will be placed on a waiting list that will expire at the end of August 2019. In the event of placement through the waiting list, a letter of acceptance will be mailed to the student's home.

Sibling Preference:

Students will be given preference for admission only if they pass the school's audition and have a sibling that currently attends the school and who will be attending the school next year. **While sibling preference increases the student's chances of admission, it does not guarantee placement.**

- My brother/sister currently attends *School of the Arts*.

Name: _____ ID Number: _____
Sibling's Full Name

Parent/Guardian's Signature: _____ Date: _____

Application Deadline: December 14, 2018

SCHOOL OF THE ARTS
45 Prince Street
Rochester, NY 14607

Please Return Completed Application to: