

Application for School of the Arts

(Please print all information clearly)

Student Identification Number: _____
(your RCSD Google ID Number)

Student Name: _____

Address: _____
House Number Street Apartment

City State Zip Code

Telephone: _____ Birthdate: _____

Current School: _____ Current Grade: _____

Parent / Guardian Name: _____

Parent / Guardian Email Address: _____

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 2024. In the event of placement through the waiting list, a letter of acceptance will be mailed to the student's home.

Sibling Preference:

Sibling preference will only be taken into consideration in the event of a tie. ***Sibling preference does not guarantee admission.***

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

Name: _____ Sibling ID#: _____
(Sibling's Full Name)

Parent/Guardian's Signature: _____ Date: _____

Application Deadline: December 20, 2024

Please Return Completed Application to:

Or

SCHOOL OF THE ARTS
45 Prince Street
Rochester, NY 14607

Apply online: SOTAROCHESTER.ORG