

Application for the Fine Arts Concentration

Student information:

Name: _____

Age: _____ Contact phone: _____

Contact email: _____

Class (circle one): Freshman Sophomore Junior Senior

Concentration of choice: (circle one)

Theatre Dance Chorus Visual Art Band

Parent information

Parent: _____

Relationship to child: _____

Contact phone: _____ Contact email: _____

Essays

Prior Arts Experiences

Why would you like to be considered for the Fine Arts Concentration?

If you have already done course work in the arts please list below

Courses taken to fulfill requirements

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

Do not write below for mentor use only

After school requirements met

Notes on graduation portfolio progress
