

ADMISSION APPLICATION

SPECIALIZED ART PROGRAM

PERSONAL INFORMATION

Name: _____

Address: _____

Postal Code: _____ Phone : _____

E-mail : _____

Age: _____ Date of Birth: day _____ month _____ year _____

Emergency Contact:

Father's Name: _____

Mother's Name: _____

Parent's Address: _____

Primary Language: _____

Are you living with your parents? Yes _____ No _____

PLEASE INDICATE IF YOU HAVE HAD EXPERIENCE IN THE FOLLOWING DISCIPLINES:

Life Drawing:

Printmaking:

Painting:

Photography - Digital:

Ceramics:

Darkroom Experience:

3 - Dimensional Work:

Art History:

Computer Graphics:

Other: _____

Student Signature _____

Parent Signature _____

Date _____