

# Polar Performing Arts Focus

## Student Information Form 2019-2020

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parents' /Guardians' names: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Medical Alert/Information: \_\_\_\_\_

Performing Arts Area(s) of Focus (eg. dance, music, voice, speech arts, theatre)

\_\_\_\_\_

Area(s) of specialization within your discipline

\_\_\_\_\_

Number of years of involvement \_\_\_\_\_ Level(s) achieved (*if applicable*) \_\_\_\_\_

Accomplishments/Achievements \_\_\_\_\_

Current Organization/School/Academy/Club \_\_\_\_\_

Phone number \_\_\_\_\_

Instructor's name \_\_\_\_\_

Names of other personnel for communication purposes \_\_\_\_\_

\_\_\_\_\_

For scheduling purposes (please circle):

Are you interested in:      Semester 1 only      Semester 2 only      Both semesters

**Your current Performing Arts (outside of school) Schedule:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please share your reasons for wanting to be a part of the Performing Arts Focus

By signing below you are indicating your support for your daughter/son to enroll and participate in the Polar Performing Arts Focus.

Parent/Guardian name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

**Please return this completed form to Mary LaMarre, Counsellor  
(mlamarre@sd57.bc.ca) at PGSS along with:**

- a copy of a recent report card, or documentation of your current marks/work habits
- a completed instructor/coach verification form