



Program Major: Please Check One Only

Drama Dance Music(Comprehensive) Visual Arts

Applicant Information

Student Name:					
Date of Birth:	Month:	Day:	Year:	Male - <input type="checkbox"/>	Female - <input type="checkbox"/>
Home Phone:			Today's Date:		
Address:					
City:		Province:		Postal Code:	
Elementary School Attended:			Grade 8 Teacher:		

Parents/Guardians

Mother's Name:		Business Number:	
Father's Name:		Business Number:	

Office Use Only:

Interview Date:		Time:	
Performance Appraisal:			

Panel Decision:

Recommended		Not Recommended:		Waiting List:	
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Comments:

Part B: Student Questionnaire

1. List any previous arts experience (i.e. lessons, clubs, productions, camps, school events, etc.)

2. Explain why you are applying to the Arts Advantage program at St. Michael C.S.S.

3. What are your other interests, hobbies, and favourite subjects?

4. What are your education and career plans for the future?

Student Signature

Date

Part C: Parent/Guardian Questionnaire

1. How do you see the Arts at St. Michael benefiting your child?

2. Describe your child's commitment and attitude towards the Arts.

3. Provide information on any academic difficulties your child has experienced in the past.

4. Does your child have any physical challenges or health concerns? Yes _____ No _____. *If yes, explain*

Parent Signature

Date