

Official Application Form 2020-2021 School Year Application

Student Name				
First		Middle	Last	Social Security #
Address of StudentNumber		Street City & Zip		<i>y</i> & Zip
Mailing Address (if differe	nt)		•	•
· ·	Fem		Date of Birth	
Ethnicity: Hispanic	Yes	No		
Race:American Indian	Asian	African America	anNative Hawaiian,	/Pacific IslanderWhite
Grade Entering		School Last Atten	ded	
Mother/Guardian Name				
·	First	L	ast	Phone Number(s)
Father/Guardian Name				
Parent/Guardian email add	First lress:		ast	Phone Number(s)
Please mark which artist interest.	ic area (s) yo	u are interested in p	oursuing. Choose thre	e and rank in order of
Vocal Music	Visual Art	Theatre	_Orchestral Strings	BanceBanc
Please return the comple Alexandria, LA 71301. Up interview/audition. Plea questions regarding The	pon receipt o se contact D	of your application r. Brenda Rudd at	you will be contacted	ed to schedule an
Signature of Parent/Guardian				Date