



Bolton Conservatory for the Visual & Performing Arts

Official Application Form



Student Name: _____

First

Middle

Last

Physical Address: _____

Street

City, State

Zip Code

Mailing Address (if different): _____

Street

City, State

Zip Code

Gender: Male Female

Date of Birth: / /
 MM DD YYYY

Race: African American American Indian Asian Native Hawaiian/Pacific Islander White

Ethnicity: Hispanic Non-Hispanic

Last grade completed: _____ Last school attended: _____

Mother/Guardian Name: _____

First

Last

Phone Number

Father Guardian Name: _____

First

Last

Phone Number

Parent Guardian email address: _____

Please mark which artistic area(s) you are interested in pursuing. Choose three and rank in order of interest.					
Vocal Music	Visual Art	Theatre	Orchestral Strings	Dance	Band

Please return the completed application to:

Bolton High School
2101 Vance Ave
Alexandria, LA 71301

Upon receipt of your application, you will be contacted to schedule and interview/audition. Please contact the school at (31)-448-3628 with any questions regarding the Bolton Conservatory.

 Signature of Parent/Guardian

 Signature of Student

 Date