



South Miami Senior High School  
School of the Arts

# MAGNET APPLICATION

ALL PAPER DOCUMENTS should be submitted to:

ATTN: MAGNET OFFICE  
South Miami Senior High School  
6856 SW 53<sup>rd</sup> Street  
Miami, FL 33155

Or email to:  
[sshmagnet@gmail.com](mailto:sshmagnet@gmail.com)

STUDENT ID Number: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

GRADE:                    9<sup>th</sup>                    10<sup>th</sup>

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME MIDDLE SCHOOL: \_\_\_\_\_

HOME ELEMENTARY SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AREA OF INTEREST: *Check all that apply. (Do not select more than TWO areas.)*

Broadcast/T.V. Production

Fine Art

Photography

Digital Art

Instrumental\* – BAND

Instrumental\* – ORCHESTRA

\*If applying for an INSTRUMENTAL strand, what kind of instrument(s) do you play? \_\_\_\_\_

\_\_\_\_\_

What special abilities do you have that would qualify you for entrance into South Miami Senior High's School of the Arts Magnet Program?

---

---

---

List any special training (work, courses, workshops, private instruction) that you have had outside of school.

---

---

---

I, hereby, give permission for my child to be screened for the South Miami Senior High School: School of the Arts Magnet Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_