

I.D.# _____
 Name: _____ Grade: _____
 Home Address: _____
 City _____ State _____ Zip Code _____
 Home Middle School: _____
 Parent/Guardian Name: _____
 Home Phone: _____ Work Phone: _____

AREA OF INTEREST

Do Not Select More Than Two Areas!

- Broadcast & T.V. Production Fine Art (Drawing & Painting)
 Photography Digital Art (Computer Graphics & Graphic Design)
 Music: Band Jazz Ensemble Orchestra

(Circle the Categories from Music that apply.)
 What kind of instrument do you play? _____

What special abilities do you have that would qualify you for entrance into the School of the Arts Magnet Program? _____

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

I hereby give permission for my child to be screened for the School of the Arts Magnet Program.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____

**Only Students From Approved Transportation Zones
 Will Be Provided With Transportation!**

RECOMMENDATION FORM

To the Student: The remainder of the application is to be filled out by the teacher. Select a teacher who best knows your potential and the degree of your commitment.

To the Teacher: Please indicate your observations of the student's characteristics using the chart below. Check the spaces that best reflect the student's performance. *Although significant, this observation will be but one of the factors that determine admission of a student to the magnet program.

	Unable to Observe	Seldom	Often	Always
Demonstrates a high energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is enthusiastic about projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is innovative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows through on assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is mechanically inclined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does homework conscientiously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses original ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is inquisitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a good craftsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes and speaks well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Signature of Evaluator _____ Title _____ Date _____