## School of the Arts Application

# Susquehanna Township School District

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | |  | | | | | | | | | | | |  | | | Date: | | | | |  | | | |
| Last | | | | | | | | First | | | | | | | | | | | | M.I. | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | | | |
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| City | | | | | | | | | | | | | | | | | | | | State | | | | | | | ZIP Code | | | | |
| Phone: | (     ) | | | | | | | | | | Class Rank | | | | |  | | | | | | | | | | | | | | | |
| Current Grade | | | |  | |  | | | | | | Email Address | | | | | | |  | | | | | | |  | | | | | | | |
| Tract Applying for: | | | | | Fashion Design  Performing Arts  Visual Arts | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are your credits for graduation complete and up to date? | | | | | | | YES | | | NO | | | Have you had instruction or participated in the arts beyond school? | | | | | | | | | | | | | | | | | YES | NO |
| Have you ever been academically ineligible? | | | | | | | YES | | | NO | | | If yes, when? | | | | |  | | | | | | | | | | | | | |
| Have you ever been limited from participation in school activities for behavioral reasons? | | | | | | | YES | | | NO | | |  | | | | | | | | | | | | | | | | | | |
| If yes, explain: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please indicate why you would like to enroll in the School of the Arts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list two references. One reference should be a teacher who can attest to your school performance. A phone number is not needed for the teacher reference. The remaining reference should be a person who can attest to your interest and participation in the arts. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | Phone # | | |  | | | | | | | | | | | | | | | |
| Relationship: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | Phone # | | |  | | | | | | | | | | | | | | | |
| Relationship: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | Student Evaluation Release | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I hereby grant permission to the above references to discuss my child’s performance with the School of the Arts Admission Committee at Susquehanna Township High School. I understand that comments from the individual will not be disclosed to anyone other than the admissions committee.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Educational & Career Goals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe your post- secondary school plans | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please describe your career goals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| How will admission into the School of the Arts assist you in your career goals? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Student Understanding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that my participation in the School of the Arts is an opportunity to learn and grow in an area of my extreme interest. I also understand that I represent myself and my school. I understand that failure to represent my school in a positive way may result in immediate removal from the program. I understand that to take part in this program, my attendance to school must be consistent. Should I have excessive absences or tardies this can result in my removal from the program. I understand that this is a year-long commitment. I understand that I need to stay on track for graduation or I may have to leave this program. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I certify that my answers are true and complete to the best of my knowledge. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature | |  | | | | | | | | | | | | | | | | | | | | Date: | | |  | | | | | | | |

## School of the Arts

# Susquehanna Township School District

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| Admissions Form Checklist |
| \_\_\_\_\_ 1. School of the Arts application form  \_\_\_\_\_ 2. A copy of the previous 2 school year’s final report card  \_\_\_\_\_ 3. A copy of the current school year’s last marking period report card  Submit online or send in the completed School of the Arts Program application packet to:  Susquehanna Township High School  Attn: Dr. Nicole Smith – Assistant Principal  3500 Elmerton Ave.  Harrisburg, PA 17109  or  [nsmith@hannasd.org](mailto:nsmith@hannasd.org)    Once we have received and reviewed the completed application, we will contact you to schedule an interview. Students applying for the Visual Arts Program will need to submit a portfolio. The requirements for the portfolio will be forwarded to applicants in a separate e-mail. |