



# OCSD SUMMER ARTS ACADEMY PARENT – TEACHER NOMINATION FORM

DUE DATE: FRIDAY, NOVEMBER 17, 2023

Student Nominated by \_\_\_\_ Parent \_\_\_\_ Teacher

Student's Name:

Current Grade Level:

School's Name:

Parent/Guardian's Name:

Mailing Address:

Parent/Guardian Email:

Telephone:

Other Contact#:

## A R E A S   O F   I N T E R E S T

VISUAL ARTS	
DANCE	
DRAMA	
VOCAL	
INSTRUMENT	

Which Instrument?

PARENTS/GUARDIANS MUST CONSENT FOR THEIR STUDENT TO PARTICIPATE IN THE AUDITION PROCESS

Parent/Guardian's Signature:

Date: