

The Jacqueline M. Walsh Performing & Visual Arts School
APPLICATION FORM

Date: _____

Student Name: _____
Last First Middle

Address: _____
Street

City State Zip Code

Parent Telephone Number: _____

Parent Email Address: _____

Date of Birth: ____/____/____
Month Day Year

School presently attending: _____ Present Grade: _____

To which Arts Concentration are you applying? (If interested in more than one concentration, fill in 1 for your first choice, 2 for your second choice, etc.)

Visual Art: _____ **Theater:** _____ **Dance*** _____ **Music**** _____

Video/Film Production: _____ **Fashion Design/Merchandising:** _____

Do you take private lessons? If so, who is your instructor?

**If Dance--during the dance auditions, you will be asked to participate in a technique evaluation. This is separate from the solo of your choice that you will prepare and perform on that day.*

***If Music--please indicate whether you play an instrument or sing:*

If you play an instrument, which? _____

If vocal, will you performing (circle one): A cappella Require accompaniment

Please list any extracurricular activities you have participated in, during the past two years. Please mention any performances, art shows, plays, musicals, or competitions you have participated in as well. If you need more space, please attach a separate sheet.

The Pawtucket School Department does not discriminate on the basis of age, color, sex, sexual orientation, race, religion, national origin, or disability.

Please make sure you have a copy of the general audition requirements, as well as the requirements for your discipline. Upon receiving your completed application, a copy of the general audition requirements will be sent to you along with an audition date and time. Audition requirements are also provided on the school website: www.pawtucket.walsh.schooldesk.net

All information, including this form must be returned to at:

JMW Performing Arts School
350 Division Street
Pawtucket, RI 02860

By signing below, I confirm that the information provided in this application is true to the best of my knowledge.

Student Signature

Date

Parental Permission

Videotaping some of the auditions may be necessary. Please give your permission for both the taping and participation in the audition.

I give _____ (Student Name) permission to audition for and be videotaped (if necessary) for the Jacqueline M. Walsh School for the Performing and Visual Arts Audition.

Parent/Guardian's Signature

Date