

SUMMER ARTS ACADEMY ~ 2011

Nassau BOCES Long Island High School for the Arts
239 Cold Spring Road, Syosset, New York 11791, (516) 622-5678
www.lihsarts.org

Student Name: _____

Parent or Guardian Name _____

Address: _____ Town _____ Zip _____

Telephone: _____ School District Name: _____

Name of School _____ Grade as of 9/11 _____ Date of Birth _____

MAJOR DEPARTMENT

(Circle only ONE major and answer all questions related to your major)

***AUDITION WORKSHOP-11TH & 12TH GRADE ONLY**

Major Area of Interest Drama _____ Musical Theatre _____

CREATIVE WRITING

Major area of interest in writing: Poetry Short Story Essay Other _____

DANCE

Do you take private lessons? _____ Number of years of study: ___Ballet ___Modern ___Jazz ___Tap

DRAMA

Do you take private lessons? _____ Have you taken part in any productions? _____ If yes, what production(s)? _____

MUSICAL THEATRE

Do you take private lessons? _____ Have you taken part in any productions? _____ If yes, what production(s)? _____

INSTRUMENTAL MUSIC

Which instruments? _____ Do you take private lessons? _____ Do you take lessons in school? _____ Number of years of study _____ Are you a member of your school band/orchestra? _____ Have you competed in NYSSMA? _____ Level _____ Grade _____ Instruments _____

MUSIC TECHNOLOGY

Do you play an instrument or sing? _____ Have you ever made a professional recording? _____ Do you write your own songs? _____

***PORTFOLIO WORKSHOP-10th, 11th & 12th GRADES ONLY**

Major Area of Interest Drawing _____ Painting _____ Other _____

VOCAL MUSIC

Vocal Range: Soprano Alto Tenor Baritone Do you take private lessons? _____ Do you take lessons in school? _____ Number of years of study _____ Are you a member of your school chorus? _____ Have you competed in NYSSMA? _____ Level _____ Grade _____

VISUAL ARTS

Major area of interest: Painting Sculpture Drawing Photography Computer Graphics Other _____

Please list any other related experience you have had in the area of your major:

Parent/Guardian Signature

(Guidance Counselor – Please complete reverse)

APPLICATION FORM ~ COUNSELOR

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Student Name: _____

School District Name: _____

School Name: _____

Date: _____

ENROLLMENT DOCUMENTS REQUIRED

(Please provide the following enrollment documents)

Completed application

Cumulative health record

Current IEP (Applicable for CSE students)

Current Psychological Evaluation (Applicable for CSE students)

PLACEMENT PROFILE

(Please circle the appropriate selection)

Home School Average	(A)	(B)	(C)	(D)	(F)	(Inc.)
ESL Level (If applicable)	Beginning	Intermediate	Advanced			
Behavior/Discipline	Good	Satisfactory	Poor			

Guidance Counselor's Signature

(Parent – Please complete reverse)