

Long Island High School for the Arts SUMMER ARTS ACADEMY - 2015

239 Cold Spring Road, Syosset, New York 11791 (516) 622-5678 www.lihsarts.org

APPLICATION FORM - PARENT/STUDENT

Student Name: _____ Parent or Guardian Name: _____
 Address: _____ Town: _____ Zip: _____
 Phone: _____ Email: _____ School District: _____
 Name of School: _____ Grade as of 9/15: _____ Date of Birth: _____

MAJOR DEPARTMENT

(Please check only **ONE** major and answer all questions related to your major)

CREATIVE WRITING

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

DANCE

Do you take private lessons? Yes No If yes, number of years of study _____ Ballet Modern Jazz Tap

DIGITAL MUSIC TECHNOLOGY

Do you play an instrument or sing? Yes No Have you ever made a professional recording? Yes No

Do you write your own songs? Yes No

DRAMA

Do you take private lessons? Yes No Have you taken part in any productions? Yes No

If yes, what production(s)? _____

INSTRUMENTAL MUSIC

Which instruments? _____ Do you take private lessons? Yes No

Do you take lessons in school? Yes No Number of years of study _____

Are you a member of your school band/orchestra? Yes No

Have you competed in NYSSMA? Yes No Level _____ Grade _____ Instruments _____

MUSICAL THEATRE

Do you take private lessons? Yes No Have you taken part in any productions? Yes No

If yes, what production(s)? _____

***PERFORMANCE WORKSHOP-10, 11TH & 12TH GRADES ONLY**

Major Area of Interest: Drama Musical Theatre

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

Major Area of Interest: Drawing Painting Other _____

VISUAL ARTS

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

VOCAL MUSIC

Vocal Range: Soprano Alto Tenor Baritone Do you take private lessons? Yes No

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APPLICATION FORM - PARENT/STUDENT

(Cont'd)

Number of years of study_____ Are you a member of your school chorus? Yes No

Have you competed in NYSSMA? Yes No Level_____ Grade_____

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

Any special requests:

Parent/Guardian Signature _____ **Date:** _____

District Signature (if applicable) _____ **Date:** _____

Please return by: June 1, 2015

TO: Barbara DelMoncao
Nassau BOCES Long Island High School for the Arts
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