



# Art Smart - STUDENT APPLICATION

## STUDENT INFORMATION:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

OEN Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Total Credits (as of this June): \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Home School: \_\_\_\_\_ Counselor's Name: \_\_\_\_\_

School Telephone Number (905) \_\_\_\_\_

- I am applying for:
- Performer (dance, drama, vocal)
  - Rehearsal Pianist
  - Production (set design, costume design)
  - Production (stage manager/technical theatre)

## CONSENT

In accordance with section 29(2) of the Municipal Freedom of Information and Protection of Individual Privacy Act, please be advised that the personal information obtained in this form is collected under the authority of the Education Act as amended. Questions regarding the collection of this information may be directed to the Director of Education:

20 Education Court, P.O. Box 2558, Hamilton, Ontario L8N 3L1

All information will be kept confidential.

"I have read and understand all of the above conditions and hereby agree to provide the requested information. I consent to have my image/photograph and placement profiles kept on file, and used for presentations, promotional and/or informational brochures, posters, newsletters, newspaper articles, web pages, videos and advertisements for the HWDSB and/or Hamilton Health Sciences."

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

## STUDENT INFORMATION

Please complete the following career-specific questions (use an extra sheet if necessary)

1. Why have you selected this program and how did you hear about it?

---

---

---

---

2. Briefly describe any experience you have in the performing arts.

---

---

---

---

3. What qualities (attitudes, skills, knowledge, experience) do you possess that identify you as a suitable candidate for this program?

---

---

---

---

4. How do you think you can benefit from participating in this program?

---

---

---

---

5. What challenges will this program present to you?

---

---

---

---

6. How does this program relate to your future career plans?

---

---

---

---



# Art Smart - TEACHER REFERENCE

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_

Name of teacher recommending this student: \_\_\_\_\_

Course(s) I have taught this student: \_\_\_\_\_

The students accepted into this program will be representing your school, the HWDSB, and themselves in a setting outside of a regular school. Students accepted into the program must have exhibited the maturity and work habits that will enable them to be successful in this program.

Please check off and/or comment on the following items:

N = Needs Improvement   S = Satisfactory   G = Good   E = Excellent

	N	S	G	E	COMMENTS (or more detailed information)
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

---

---

---

---

---

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_