



## APPLICATION FOR ENROLLMENT

### Academic Year 2009-2010

Student's Full Legal Name

\_\_\_\_\_  
First Middle Last

Date of Birth(mo/day/yr) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Home Phone Number ( ) \_\_\_\_\_

Student's Email Address \_\_\_\_\_

Parent's / Guardian's Name \_\_\_\_\_

Daytime Phone Number (Parent/Guardian) ( ) \_\_\_\_\_

Cell/Other Number (Parent/Guardian) ( ) \_\_\_\_\_

Email Address (Parent/Guardian) \_\_\_\_\_

Currently I am in \_\_\_\_\_ Grade at \_\_\_\_\_ (School)

My home high school is \_\_\_\_\_

Where did you hear about ACPA?  
\_\_\_\_\_  
\_\_\_\_\_

Why did you choose to apply to ACPA?  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us about any special learning needs you may have. List specific strengths about yourself, and any specific arts training you may have. (Use the back if needed)

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please send the application and a copy of the student's birth certificate and recent transcript to: ACPA, 2202 South Hamilton Rd Columbus, OH 43232