

SCHOOLS ONLY: Please forward this application to the Fine Arts Department ATTN: Rory Edwards after the students have submitted it to their main office or guidance office.

SCSD SUMMER ARTS REGISTRATION FORM



SCSD Summer Arts will take place Monday through Friday, July 10-28 from 1PM-4PM at Corcoran High School. Students can choose to attend for 1, 2 or 3 weeks! Transportation will be provided.

For questions, please reach out to the Fine Arts Office at (315) 435-4223.
Visit syracusecityschools.com/summer for program updates.

There are two ways to apply for SCSD Summer Arts. Please apply using Only one method:

1) Fill out this application and turn it into your school by June 16.

OR

2) Complete the application online by June 16 by visiting forms.office.com/r/VFxiM1mTH6



Student Information

Student Name (First & Last) _____

Student ID _____ Current School _____

Email _____

Please mark your child's current grade level

6 ☐

7 ☐

8 ☐

9 ☐

10 ☐

11 ☐

Will the student require transportation for Summer Arts? (Please circle one) **Yes** **No**

Contact/ Emergency Information

Parent/Guardian Name (First & Last) _____

Address (#, Street, Zip) _____

Phone (Main) _____ Phone (Second Option) _____

Email Address _____

In case of an emergency and parent/guardian is unavailable, I authorize the following people to provide care for my child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

What weeks does your student plan to attend SCSD Summer Arts?

- ☐ [Check here to register for SCSD Summer Arts Session #1 – July 10-14](#)
- ☐ [Check here to register for SCSD Summer Arts Session #1 – July 17-21](#)
- ☐ [Check here to register for SCSD Summer Arts Session #1 – July 24-28](#)

Session 1 - You may register a student for one or both sessions

**Please rank the following Summer Arts offerings in order based on how much interest your child has in the offering:
(1 being most and 9 being least)**

- | | |
|--|--|
| <input type="checkbox"/> World Drumming | <input type="checkbox"/> Vocal Music |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Digital Photography | <input type="checkbox"/> Digital Media/Graphic Design |
| <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Ceramics/Clay (Student will need to be available for
at least <u>two consecutive weeks</u>) |
| <input type="checkbox"/> Digital Music | |

Permission for Photo/Video Release

- ☐ I give permission for _____ (student name) to have his/her picture taken for release to the local newspapers and television stations in connection with the Syracuse City School District Summer Program activities.
- ☐ I DO NOT give permission for _____ (student name) to have his/her picture taken for release to the local newspapers and television stations in connection with the Syracuse City School District Summer Program activities.

Parent/Guardian Signature _____ Date _____