

**SCHOOLS ONLY: Please forward this application to the Fine Arts Department REwards2@scsd.us after the students have submitted it to their main office or guidance office.**

# SCSD SUMMER ARTS REGISTRATION FORM



SCSD Summer Arts will be held at Nottingham from 1PM-4PM every weekday from July 8-26. 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](http://syracusecityschools.com/summer) for program updates.

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

1) Fill out this application and turn it into your school by June 14.

**OR**

2) Complete the application online by June 14 by visiting [forms.office.com/r/30mNsyBMyQ](https://forms.office.com/r/30mNsyBMyQ)



## 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 8-12](#)
- [Check here to register for SCSD Summer Arts Session #2 – July 15-19](#)
- [Check here to register for SCSD Summer Arts Session #3 – July 22-26](#)

**Preference Information**

**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"/> Traditional Art                 | <input type="checkbox"/> Ukulele and/or guitar                                |
| <input type="checkbox"/> Ceramics                        | <input type="checkbox"/> Chorus   |
| <input type="checkbox"/> Digital Art/Digital Photography | <input type="checkbox"/> Music Composition                                    |
| <input type="checkbox"/> Cinematography                  | <input type="checkbox"/> Digital Music Making                                 |
| <input type="checkbox"/> Theatre                         | <input type="checkbox"/> Dance  |
| <input type="checkbox"/> World Drumming                  | <input type="checkbox"/> Intro to Marching Band Basics (Offered at Henninger) |

**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 \_\_\_\_\_