

SCSD SUMMER ARTS REGISTRATION FORM



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

Send completed applications by **June 17**: SCSD Fine Arts Office
1025 Erie Blvd. West
Syracuse, NY 13204

Or scan and email to: DHayes@scsd.us

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

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

Please note that any change of address should be brought to your school immediately. A change in address may take a waiting period of up to 5 days for transportation. Please select one student option.

[Check here to register for SCSD Summer Arts Session #1 – July 5-15; 1-4 pm at PSLA](#)

Rate the four class offerings in order of your preference for your first class (1=first choice; 4=fourth choice):

- | | |
|---|---|
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Digital Photography | <input type="checkbox"/> Instrumental Music |
| <input type="checkbox"/> Digital Music/Music Tech | <input type="checkbox"/> Chorus |
| <input type="checkbox"/> Drama | |

Rate the four class offerings in order of your preference for your second class (1=first choice; 4=fourth choice):

- | | |
|---|---|
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Digital Art | <input type="checkbox"/> Instrumental Music |
| <input type="checkbox"/> Digital Music/Music Tech | <input type="checkbox"/> Chorus |
| <input type="checkbox"/> Drama | |

Session 2 - You may register a student for one or both sessions

Please note that any change of address should be brought to your school immediately. A change in address may take a waiting period of up to 5 days for transportation. Please select one student option.

[Check here to register for SCSD Summer Arts Session #2 – July 18-29; 1-4 pm at Nottingham](#)

Rate the four class offerings in order of your preference for your first class (1=first choice; 4=fourth choice):

- | | |
|---|---|
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Digital Photography | <input type="checkbox"/> Instrumental Music |
| <input type="checkbox"/> Digital Music/Music Tech | <input type="checkbox"/> Chorus |
| <input type="checkbox"/> Drama | |

Rate the four class offerings in order of your preference for your second class (1=first choice; 4=fourth choice):

- | | |
|---|---|
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Digital Art | <input type="checkbox"/> Instrumental Music |
| <input type="checkbox"/> Digital Music/Music Tech | <input type="checkbox"/> Chorus |
| <input type="checkbox"/> Drama | |

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 _____

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 _____