BALTIMORE SCHOOL FOR THE ARTS High School Application

PUPIL'S LAST NAME:	PUPIL'S FIRST NAME:
PUPIL'S ADDRESS:	
CITY:	STATE: ZIP CODE:
PUPIL'S DATE OF BIRTH:	IEP / 504 PLAN: ☐ yes ☐ no
☐ MALE ☐ FEMALE ☐ OTHER (for example Non-Binary	
☐ AFRICAN AMERICAN ☐ WHITE ☐ HISPA	NIC/LATINO ASIAN AMERCIAN INDIAN
PUPIL'S CURRENT GRADE: (8 TH OR 9 TH GRAD	E ONLY) ARE YOU A CURRENT TWIGS STUDENT:YESNO
HOME TELELPHONE NUMBER:	PARENT/GUARDIAN CELL PHONE NUMBER:
NAME OF CURRENT SCHOOL:	
PUPIL ID NUMBER: (applies to Baltime	ore City School students only)
Baltimore School for the Arts applicants may audit	ion in one (1) or two (2) art areas. Please check below to make your choice(s).
DanceActing	Visual Arts Stage Design & ProductionVocal
Film and Storytelling (current 8 th grade onl	/)Instrumental Music (specify instrument)
Parent/Guardian e-mail address:	(please print clearly)
Parent/Guardian Printed Name	Signature of Parent/Guardian Date

E-mail application to: highschoolauditions@bsfa.org
OR mail to: Baltimore School for the Arts

Att: Lisa Peels 712 Cathedral Street Baltimore, MD 21201