



Today's Date

STUDENT APPLICATION FORM

Program you are applying for (check one)

 Visual Arts HS Media Arts HS WAM - Mid School

Gender

DOB

Age

SS#

Grade

Year of HS Graduation

How did you hear about SAY SÍ (check one)

 Teacher Friend Web Other (write-in below)

Name

Email

Street Address

City

Zip

Parent / Guardian 1

Parent / Guardian 2

Home Phone

Work Phone

Mobile

Name of School

District

Zip

In case of emergency contact: Name

Relationship

Phone

List any extracurricular activities that may conflict with SAY SÍ Activity

Days (Circle) M T W T H F S A T S U N

Times

Place of employment [high school students] Company

Days (Circle) M T W T H F S A T S U N

Phone

List any other obligation that may conflict with SAY SÍ Activity

Days (Circle) M T W T H F S A T S U N

Times

Ethnicity (check one)

 European-American (white) Mexican-American African-American Other / Not Listed (please write-in below)

Staff Use Only

 Report Card Medical Form

Date Enrolled

SAY SÍ ID #

Portfolio Notes: