

Dream Center School of the Arts Application

Please print clearly. A separate application must be filled in for each family member taking classes.

STUDENT INFORMATION *(Leave phone & email blank if student does not have)*

Full Name: _____
Last Name First Name

Address: _____
House # & Street City State Zip

Phone: (____) _____ Can receive texts? Yes No

Email: _____

DOB: ____/____/____ Age: ____ Gender: Male Female

PARENT OR GUARDIAN INFORMATION *(Fill in for Minors Only)*

Parent/Guardian Name: _____
Last Name First Name

Parent/Guardian Phone: (____) _____ Can receive texts? Yes No

Parent/Guardian Email: _____

Relation to student: Mother Father

Other: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____
Last Name First Name

Phone: (____) _____ Can receive texts? Yes No

Relation to student: _____

FAMILY INFORMATION

Please list other family members that are attending DCSA.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

HEALTH INFORMATION *Please list any health conditions we should be aware of.*

Please fill in the class information on the back.

