

2017-18 Application

An award winning program for
Gifted & Talented Students in
the Literary, Performing
& Visual Arts

AUDITION/PORTFOLIO REVIEW/WORKSHOP

DATE: SATURDAY, 12/2/17

Art—Drawing & Painting



Creative Writing



Film Making



Instrumental Music



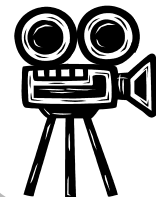
Modern Dance



Musical Theatre



Photography



Theatre Arts



Vocal Music

Spring Semester Courses, One Afternoon Per Week

College Credit Available for Most Arts HS Classes *

For more information:

Web: www.ArtsHigh.net

Email: Info@ArtsAndEdCenter.org

Call: 732-566-ARTS (2787)

MONMOUTH COUNTY ARTS HS & ARTS MS

*see our web site: www.ArtsHigh.net for specific course information

APPLICATION DEADLINE: 11/15/17



Monmouth County Arts HIGH School Application

2017-18

Student Name: (Last, First)	Address 1:	
Address 2: (Apt #)	City:	Zip Code:
Home Phone:	Parent Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work	Parent Name:
Student Email:	Parent Email:	
School Attending:	Grade: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a returning student? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Date of Birth

Check the artforms below that you would like to audition for. You may choose ONE or TWO artforms.

- | | | |
|---|--|--|
| <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Modern Dance | <input type="checkbox"/> Theatre Arts |
| <input type="checkbox"/> Film Making | <input type="checkbox"/> Photography, The Art of | <input type="checkbox"/> Visual Arts I, II & III (Painting & Drawing)
<small>(Placement Determined by Audition)</small> |
| <input type="checkbox"/> Jazz Improv
Instrument: _____ | <input type="checkbox"/> Poetry | <input type="checkbox"/> Vocal Music—Broadway |

PLEASE INDICATE YOUR FIRST & SECOND CHOICE BY WRITING 1 OR 2 IN THE BOX NEXT TO THE ARTFORM

Non-refundable Audition Fees: \$45 one artform, \$65 two artforms
Apply online: www.ArtsHigh.net or mail to:

Arts & Education Center
 154 Main Street, Suite 102
 Matawan, NJ 07747

Monmouth County Arts MIDDLE School Application

2017-18

Student Name: (Last, First)	Address 1:	
Address 2: (Apt #)	City:	Zip Code:
Home Phone:	Parent Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work	Parent Name:
Student Email:	Parent Email:	
School Attending:	Grade: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a returning student? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Date of Birth

Check the artforms below that you would like to audition for. You may choose ONE or TWO artforms.

- | | | |
|---|--|--|
| <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Modern Dance | <input type="checkbox"/> Theatre Arts |
| <input type="checkbox"/> Film Making | <input type="checkbox"/> Musical Theatre | <input type="checkbox"/> Visual Arts (Painting & Drawing)
<small>(Placement Determined by Audition)</small> |
| <input type="checkbox"/> Jazz Improv
Instrument: _____ | <input type="checkbox"/> Photography, The Art of | <input type="checkbox"/> Vocal Music |

PLEASE INDICATE YOUR FIRST & SECOND CHOICE BY WRITING 1 OR 2 IN THE BOX NEXT TO THE ARTFORM