

## MIDDLE SCHOOL STUDIO INTENSIVE | STUDENT APPLICATION

This high-quality arts program provided by Southwest School of Art is available at minimal cost to students due to the dedication of our funders and patrons. To keep this program subsidized, we are required to collect information on the students and families we serve. Please take time to complete this form. Southwest school of Art's recruitment process is competitive, and interviews are scheduled based on all application materials received from each student.

### Student Information

Student Name: \_\_\_\_\_

(Please Print) First

Last

Date of Birth (mm/dd/yy) \_\_\_\_\_ Age: \_\_\_\_\_ Returning Student? \_\_\_\_\_ Y \_\_\_\_\_ N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TX

Zip Code: \_\_\_\_\_ Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

(Fall 2021)

School District: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student Phone(s): Home \_\_\_\_\_ Mobile: \_\_\_\_\_

Ethnicity/Race:  Hispanic/Latinx  Caucasian (White)  African-American  Asian American

Native American/Alaskan Native  Multiethnic (please specify) \_\_\_\_\_

*This information is used for grant purposes*

What other extracurricular activities/obligations are you involved with that may conflict with this program? Be specific with days/times: \_\_\_\_\_

### Parent/Guardian 1 Information

Relationship to Student: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Best Phone # to Reach You: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

If your student is accepted, could we add you to our list of parent volunteers?  Yes  Not currently

### Parent/Guardian 2 Information

Relationship to Student: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Best Phone # to Reach You: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

If your student is accepted, could we add you to our list of parent volunteers?  Yes  Not currently

How did you learn about this program?

Teacher: (name) \_\_\_\_\_  Former/Current Student: (name) \_\_\_\_\_

Flier  Article  Web  Social Media  Other (please specify) \_\_\_\_\_

# UTSA Professional and Continuing Education

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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### Parent/Guardian 2 Information

Relationship to Student: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Best Phone # to Reach You: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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Flier  Article  Web  Social Media  Other (please specify) \_\_\_\_\_

# UTSA Professional and Continuing Education

## MIDDLE SCHOOL STUDIO INTENSIVE | MEDICAL INFORMATION AND RELEASE FORM

### Student Information

Student Name: \_\_\_\_\_  
(Please Print) First Last

Date of Birth (mm/dd/yy) : \_\_\_\_\_ Gender: \_\_\_\_\_ Non-Binary: Yes No

<p><b>Please check all that apply:</b></p> <p>Allergies Y/N _____</p> <p>Medicine _____</p> <p>Food _____</p> <p>Environment _____</p> <p>_____</p>
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What are your student's preferred pronouns?  
\_\_\_\_\_

Currently on any Medications?  
\_\_\_\_\_

Any behavioral, emotional, or learning challenges?  
\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Emergency Contact Information [Another person to notify if parent/guardian is unavailable]

Name (First. Last): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### Medical Consent/Release:

As the parent/legal guardian of \_\_\_\_\_, I request that in my absence the above-named minor child be admitted to any hospital or medical facility for diagnosis and treatment in the event of an emergency. I request and authorize physicians, nurses, dentists, and staff to perform any diagnostic procedures, treatment procedures and operative procedures to the above-named child. I have not been given any guarantee as to the results of any treatment performed on the above child.

I hereby accept financial responsibility for all medical treatment necessary to be administered to the above-named child in the event of an accident, injury, sickness, etc. Any representative of the following organization is designated to act on my behalf until I have been contacted: Southwest School of Art

### General Release

I understand the above named child assumes any and all risks that might be associated with the activities that he or she may be involved in and release all rights and claims for damages which the above named, heirs, executors, administrators assign, or as I may have, against Southwest School of Art, its directors, officials, teachers or representatives for any and all injuries or damages of any kind as a result of their participation.

Parent/Guardian Name (Print) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**MIDDLE SCHOOL STUDIO INTENSIVE | MEDIA RELEASE FORM**

I/we hereby give permission and authorize Southwest School of Art, its agents, officers, and employees to create, use, reproduce, assign and /or distribute photographs, films, video, digital images, and sound recordings of this participant for use in materials they create for publicity and/or for documenting Middle School Studio Intensive participation in an organized fundraising, event or activity at any time and without prior notification.

I/we agree and consent that Southwest School of Art will not be held responsible for a misappropriation of the photos, videos, film and/or audio recordings by any member of the public or anyone else.

I have read the foregoing release, authorization, and agreement before signing below and I warrant that I fully understand the contents thereof.

Name of Student: \_\_\_\_\_  
*Please Print*

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## MIDDLE SCHOOL STUDIO INTENSIVE | LETTER OF RECOMMENDATION

To be considered for the Middle School Studio Intensive program, please ask an educator, or mentor write a letter for you and have them submit it to Kim Bishop by emailing the letter to [kbishop@swschool.org](mailto:kbishop@swschool.org). Please ask them to put "MIDDLE SCHOOL APPLICATION-'STUDENT NAME'" in the email subject line.

The letter should include:

- In what capacity the writer knows the student
- How long the writer has known the student
- Why they believe this student would benefit from the program
- What they believe the student will bring to the program
- Contact information of the writer

## MIDDLE SCHOOL STUDIO INTENSIVE | STUDENT AGREEMENT

Southwest School of Art is committed to providing high quality art experiences for all our students, encouraging excellence, leadership and a commitment to themselves and the artistic process. To do this, Southwest School of Art will observe the following program policies.

### **Commitment**

Participants must:

- Maintain an attendance rate of at least 70%. Excessive absences & failures to commit to project requirements will lead to disciplinary action.
- Complete projects in a timely manner.
- Have reliable transportation to and from Southwest School of Art. If transportation is a barrier, please contact Kim Bishop by emailing [kbishop@swschool.org](mailto:kbishop@swschool.org)

### **Studio Practice**

- **Daily temperature checks will take place before entering studio. Masks will be worn while students are inside the studio until further notice. Hands will be washed/sanitized prior to working with studio materials. [COVID updates can be found here.](#)**
- Studio areas must be cleaned/sanitized daily before leaving.
- Participants must be respectful of themselves, others, materials, studio equipment and artwork.
- No visitors are allowed in the Teen Studio Intensive studios at any time
- Drugs, weapons, and abusive language (including music) will not be tolerated in the studio.
- Participants are expected to be positive and productive members of this program for themselves and their fellow teen artists.
- Participants will not be allowed to leave campus during program hours without parental permission and without notifying staff. Students will only be released to individuals noted on a pick-up form (attached)

### **Further Requirements**

**Equipment:** The use of Southwest School of Art printers, copiers, art materials and other equipment should be limited to projects that fall within the context of the program. The use of this equipment for personal use is prohibited unless preauthorized by the Teen Coordinator.

**Program Reviews:** Students are required to participate in program reviews throughout the course of their time Teen Studio Intensive. The Teen Program Coordinator will schedule these reviews throughout the year which will explore the students' attendance, performance, attitude and will gauge the student's continuation in the program.

# UTSA Professional and Continuing Education

**Communication:** Teen Studio Intensive requires that participants and their parents/guardians keep an open line of communication with program staff – this includes but is not limited to changes in contact information (i.e., address, phone number, email address, schools, etc.), issues with attendance, scheduling conflicts, family emergencies and other issues families feel are important to share with staff.

**Disciplinary Action:** Students who do not abide by the requirements will be subject to disciplinary action. First, the student will be given a written warning. Second, a meeting will be called with the student and the parent/guardian. Third, if the problem persists, the student will be dismissed from Teen Studio Intensive with no refund of fees paid. If a participant commits an act of violence, brings any unlawful items to campus, or participates in an event that is severe, they will be dismissed from the program effective immediately.

**Parents/Guardians are expected to:**

- Assure that the student has reliable transportation to and from Southwest School of Art. If transportation is an issue or concern, please contact Kim Bishop at [kbishop@swschool.org](mailto:kbishop@swschool.org).
- Support the student’s commitment to this student agreement in all areas.
- Attend Parent/Student Orientation (Saturday, September 18<sup>th</sup>), exhibitions, and parent workshops (dates tbd)
- Have open communication with Teen Program Coordinator with any concerns, questions and/or compliments

These requirements are asked of students to ensure the wellbeing of all participating students and to support student success, program goals, and professionalism. Southwest School of Art expects that this agreement will be honored.

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teen Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Director, Young Artist Programs: \_\_\_\_\_ Date: \_\_\_\_\_

**MIDDLE SCHOOL INTENSIVE | PICK UP FORM**

The following individuals have permission to pick up my student from Teen Studio Intensive:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_