

SFUSD Summer Arts Middle School Program
Tuesday, June 12, 2018 - Friday, July 13 2018, 9am-12noon
(No class July 4th)

Location: Ruth Asawa San Francisco School of the Arts
555 Portola Drive, San Francisco, CA. 94131

The SFUSD Summer Arts program is open to current SFUSD 5th, 6th & 7th graders.
Develop your arts & music passion!!

Students take 2 classes:

- 2 hour focus arts
- 1 hour elective arts

Students also receive audition and portfolio application information for the Ruth Asawa San Francisco School of the Arts.

Return to Visual And Performing Arts (VAPA):

- School Main Office, VAPA Envelope or
- Fax to VAPA at 415-750-8632 or

Submit applications by:
Thursday, March 22

Second Round

After March 22, students will be admitted if space available.

Parents will be contacted with confirmation and next steps.
For questions, call the VAPA office at 415-379-7023 (M, W, F ONLY)
visit our website : <http://www.sfusdarts.weebly.com>

Parent/Guardian: Please fill out completely & return ASAP. Please Print and fill out completely forms with missing info will not be accepted

Student Last Name (Please Print)	First Name	Student ID #	Parent's Cell #
----------------------------------	------------	--------------	-----------------

Date of Birth	Current Grade (5, 6, or 7)	Current School	Middle School (if 5 th grade)	Parent Email
---------------	----------------------------	----------------	--	--------------

Street Address	City	Zip
----------------	------	-----

Parent/Guardian Name (Please Print)	Parent/Guardian Signature	Date
-------------------------------------	---------------------------	------

Parent/Guardian, please read and initial: I agree to enroll my child to SFUSD Summer Arts Program 2018. I understand that attendance is critical and will make every effort to prepare my child. By signing this form below, I understand that I am responsible for providing transportation for my student to and from the SFUSD Arts Program that is from 9:00AM to 12 PM. I give my child permission to leave school at 12PM by him/herself.

Parent Initial: _____

Check Preferred Contact Methods. Provide all info.

- ☐ Email Address _____
- ☐ Home Phone _____
- ☐ Work Phone _____
- ☐ Cell Phone _____