Musical Theatre
Student Application Form
Mrs. Jacobson and Ms. Voss

Students please fill out your part and then give to a teacher to write a recommendation. Teachers please DO NOT return to the student; just put it in our box. Thanks!

Student’s name (Please print):

Grade level for year 2010/2011: ____________ Grade point average: ____________

Please list any previous dramatic, music or other performing arts experience you have:

Class grade is based upon:
1. Individual mastery as demonstrated through rehearsal/performance. Some a ferschool rehearsals are mandatory the week before performance.
2. Participation in all evening performances
3. Daily participation and cooperation.
4. Great citizenship (Student must be able to work in an ensemble, be trustworthy, dependable, hard working, and have a great attitude)

I understand that this is a performance-based class and I agree to these terms.

______________________________
(Student Signature)

Please list any commitments or conflicts and state how you will be able to work our performances and rehearsals into your schedule.
Comments or conflicts:

Please get one teacher recommendation. Teacher Name:

Teacher: Please circle the appropriate number that best corresponds to this student. Thank you for your assistance! (Please do not hand back to the student. Please put in my box.)

1 = none, 2 = developing, 3=average, 4=outstanding

Trustworthy 1 2 3 4
Level of responsibility 1 2 3 4
Level of commitment 1 2 3 4
Ability to follow directions 1 2 3 4
Ability to work in group setting 1 2 3 4
Ability to work independently 1 2 3 4

Any additional Comments: ____________