Advanced Drama
Student Application Form
Mrs. Jacobson

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 10/11: _______________ Grade point average: __________

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

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**YOU ARE REQUIRED AND YOUR CLASS GRADE DEPENDS ON:**
1. Afterschool rehearsals are mandatory the week before performance.
2. Participation in all evening performances

If you understand that this is a performance-based class and agree to these terms, please sign below:

_______________________________

Please list any other commitments or conflicts and state how you will be able to work our performance into your schedule.

Comments or conflicts:

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**Please get one teacher recommendation.**

Teacher (Please do not hand back to the student. Please put in my box. Please turn over and circle the appropriate number.

1 = poor, 2 = developing, 3 = average, 4 = outstanding

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Teacher Name: ________________________________

Any additional Comments: ________________________________

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