2019 Summer ST-ARTS Program

(Special Talents in the Arts)

NOMINATION FORM

(**PLEASE PRINT)**

Name_____School _____Grade_____

Parent/Guardian Name _____

Address_____ City, State, Zip_____

Email _____ Phone _____

_____ I would like for my child to audition and be considered for the artistically gifted and talented program. PLEASE CIRCLE ONLY **ONE** AREA:

ART DRAMA DANCE VOICE INSTRUMENTAL_____

(type of instrument)

Parent/Guardian's Signature: _____

I understand that completion of this form does not guarantee placement in the ST-ARTS program. Bus transportation will be offered from all middle schools to the audition site. I request this service and understand that I must pick up my student at Rawlinson Road Middle School at the end of his/her audition. ____Yes ____No

Referred By: _____

_____Parent/Guardian _____Teacher _____Administrator _____Self _____Peer

Return this completed form immediately to your school office or to:

Rock Hill Schools
Attention: Sandra Craven
P. O. Drawer 10072
Rock Hill, SC 29731
Fax: 803-981-1047
Email: scraven@rhmail.org
MUST BE RECEIVED BY October 12, 2018

(Nominations returned after this date will not be accepted)