

Caldwell Arts Academy

Application for Audition 2024-2025

General Information			
Applicant's Name:			
(<u>Please Print</u>) Last		First M.I.	
Date of Birth:	(month/day/year)	Age: Ger	nder: M F
Current Grade Level: Grade Level for Fall 2023:			
Current School:			
Parent/Guardian Name(s):			
· · · · · · · · · · · · · · · · · · ·			
Home Address: (Please include street, town, and zip code – P.O. Boxes are not accepted as home addresses)			
Tionie Address. (Fieuse ilicidae salec	st, town, and zip code	- P.O. Boxes are not accep	iteu us nome uuuressesj
Home Phone #		Are You a TISD Emplo	yee 🔲Y 🔲N
Cell Phone #:	/		(father & mother/auardian)
E-Mail:	,		(father a mather/quardian)
E-Maii:	/		(fatner & motner/guaraian)
Please bring this application along with the following to your audition:			
Attendance Record, Discipline Record, Report Card, and Teacher Survey			
	., 	., .	
Parent/Guardian Signature:			
Please note that you signature ab			
audition time, without prior notification, automatically forfeits this application.			
,	,	,,	
I have another child who is currently enrolled as a magnet student at Caldwell Elementary Arts Academy:			
	Yes	□No	
	1.63		
Please give your child's name		Current grade	