



RICHMOND HILL CENTRE
for the Performing Arts

Alexander Mackenzie High School is a proud partner with the Richmond Hill Centre for the Performing Arts

ARTS Alexander Mackenzie Open House

An Open House will be held on Thursday, November 5, 2009, at Alexander Mackenzie High School, 300 Major Mackenzie Drive West, Richmond Hill. Please come to the Cafeteria at 7 p.m. School tours and specific information sessions will begin after the cafeteria presentation. This session is primarily for students accompanied by parents/guardians.

MAIL OR DELIVER APPLICATIONS TO:

ARTS Alexander Mackenzie, MAIN OFFICE
Alexander Mackenzie High School
300 Major Mackenzie Drive West
Richmond Hill, L4C 3S3
Telephone: 905 884-0554

(please do NOT e-mail applications)

Please attach a head and
shoulders photograph
in this space

PERSONAL DATA (please fill in):

THIS APPLICATION IS FOR (Check ONE discipline):

Dance Drama Visual Arts Music: __ Vocal __ instrumental (insert type): _____

I HAVE ALSO SUBMITTED A SEPARATE APPLICATION FOR (if applicable, circle discipline):

Dance Drama Visual Arts Music: __ Vocal __ instrumental (insert type): _____

Student ID #

GENDER

LAST NAME

FIRST NAME

STREET ADDRESS (include apt/unit #)

TOWN/POSTAL CODE

HOME TELEPHONE

DATE OF BIRTH (DD/MM/YY)

PARENT/GUARDIAN E-mail address (print clearly):-----

MOTHER'S/GUARDIAN'S NAME
TELEPHONE

HOME TELEPHONE

BUSINESS

FATHER'S/GUARDIAN'S NAME
TELEPHONE

HOME TELEPHONE

BUSINESS

PRESENT SCHOOL

Grade

YRDSB HOME AREA HIGH SCHOOL

As per Board policy, Arts Alexander Mackenzie is an optional program and as such, students are NOT entitled to Board provided transportation.

REFERENCES: (Your references should be the people who are familiar with your work in both the arts and academics. You may attach reference letters if you wish.)

ARTS

Name

Title

Organization

Telephone

ACADEMICS

Name

Title

Organization

Telephone



QUESTIONNAIRE (Please attach a separate sheet with your answers):

1. Why do you wish to enroll in the Arts Alexander Mackenzie Program?
2. Have you ever taken, or are you taking private, individual or group lessons in the arts discipline that you are applying for? Please give details. Dancers, please specify the type of dance.
3. List any other activities (other than lessons) in which you are currently involved.
4. Have you ever performed or exhibited your work? Please give details.

PARENT STATEMENT

Please tell us why you are interested in having your child attend the ARTS Alexander Mackenzie program? Include comments on particular academic and artistic goals that you would like to have your son/daughter accomplish while attending ARTS Alexander Mackenzie. Limit your response to 100 words.

I have read and understood the information regarding the application and audition process. I understand that all application materials become the property of Alexander Mackenzie High School and that any part of an audition may be audio or video taped. **I understand the decision of the audition committee is final.**

PARENT(S)/GUARDIAN SIGNATURE

STUDENT SIGNATURE

Notice to Parents/Guardians and Students
Information is collected pursuant to the *Education Act*. Information is used to verify mailing address and proof of residency. If you have any questions regarding the collection of this information please contact the principal in writing.

ARTS TEACHER REFERENCE

Student Name: _____ OEN: _____

Please fill out the form below, seal it, sign the seal and place it in envelope addressed to the ARTS Alexander Mackenzie Admissions Committee.

Student's Name: _____

Reference's Name: _____ Signature: _____

Role in which you know the student: _____

Contact Number: _____ Contact email: _____

How long have you known the student?: _____

Please rate the student according to the following criteria as realistically as possible. Check the appropriate box for each of the areas listed below:

	OUTSTANDING (Top 5%)	GOOD (Top 25%)	AVERAGE	BELOW AVERAGE	UNSURE
Artistic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates respect for self, others and school community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARTS TEACHER REFERENCE

Explain how this student will perform in a demanding, self-directed program? Do you have any concerns?

Briefly, describe evidence that demonstrates the student's passion for the arts.

Do you have any additional information you would like to add pertaining to the student's application?

Share and briefly explain with examples, three attributes that characterize this individual.

Thank you for your time and consideration of this student.

**The Admissions Committee
ARTS Alexander Mackenzie at Alexander Mackenzie High School**

ACADEMIC TEACHER REFERENCE

Student Name: _____ OEN: _____

Please fill out the form below, seal it, sign the seal and place it in envelope addressed to the ARTS Alexander Mackenzie Admissions Committee.

Student's Name: _____

Reference's Name: _____ Signature: _____

Role in which you know the student: _____

Contact Number: _____ Contact email: _____

How long have you known the student?: _____

Please rate the student according to the following criteria as realistically as possible. Check the appropriate box for each of the areas listed below:

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Artistic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates respect for self, others and school community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC TEACHER REFERENCE

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**The Admissions Committee
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