



## 2019-2020 ACADEMY APPLICATION

The Academy @ Metropolitan School of the Arts  
5775 Barclay Drive, Suite 4 • Alexandria, VA 22315  
www.metropolitanarts.org • academy@metropolitanarts.org • 703.339.0444

### CONFIDENTIAL

Metropolitan School of the Arts is on a mission to launch students who are stewards of change by reaching their fullest potential as artists, community leaders and global citizens.

#### APPLICATION FEE

Please include your application fee of \$50 at time of submission, payable by check to Metropolitan School of the Arts.

#### APPLICANT

Name of Applicant: \_\_\_\_\_

Preferred Name: \_\_\_\_\_  
Last First Middle  
Date of Birth: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applying for Grade:  7  8  9  10  11  12 Starting Fall 20 \_\_\_\_\_  male  female

Have you ever applied to Metropolitan School of the Arts before?  no  yes, year \_\_\_\_\_

How did you hear about MSA? (check all that apply)

- Metropolitan School of the Arts: Studio
- Metropolitan School of the Arts: Camp
- Referral: \_\_\_\_\_
- Educational consultant
- School fair
- Online/Search Engine
- Magazine/newspaper

Please list the activities in which you are involved throughout the year. Include academic/school clubs and organizations, art forms, athletics, community service/leadership and work opportunities. Do not list your arts training here.

Activity or Hobby	Number of Years	Awards, Accomplishments, Honors, Relevant Levels
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of current school: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

Type:  independent  public  parochial  home School  other (explain) \_\_\_\_\_

Previous Schools (list most recent first) School	City, State, Zip	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SIBLINGS**

Sister's/Brother's name(s) current school grade date of birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

PRIMARY HOUSEHOLD ADDRESS (address at which applicant will receive mail)

Street City State Zip

Home Phone: \_\_\_\_\_

Parent /Guardian Name \_\_\_\_\_  
Last First Middle

Title:  Mr.  Ms.  Mrs.  Dr.  \_\_\_\_\_ Relationship to Applicant:

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Colleges Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_  
Last First Middle

Title:  Mr.  Ms.  Mrs.  Dr.  \_\_\_\_\_ Relationship to Applicant:

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Colleges Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**EMERGENCY CONTACT (non-parent)**

Name: \_\_\_\_\_  
Last First Middle

Relationship to Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

SECONDARY HOUSEHOLD ADDRESS (if applicable)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Last First Middle

Title:  Mr.  Ms.  Mrs.  Dr.  \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Colleges Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Last First Middle

Title:  Mr.  Ms.  Mrs.  Dr.  \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Colleges Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**ARTS TRAINING  
DANCE**

Name of current or most recent dance school: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

Director/Teacher Name: \_\_\_\_\_  
Last First School Phone #

Dance skill levels in the following disciplines:

- |        |                                      |                                    |                                    |                                    |                                   |
|--------|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| Ballet | <input type="checkbox"/> No training | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 5-6 years | <input type="checkbox"/> 7+ years |
| Pointe | <input type="checkbox"/> No training | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 5-6 years | <input type="checkbox"/> 7+ years |
| Tap    | <input type="checkbox"/> No training | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 5-6 years | <input type="checkbox"/> 7+ years |
| Jazz   | <input type="checkbox"/> No training | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 5-6 years | <input type="checkbox"/> 7+ years |
| Modern | <input type="checkbox"/> No training | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 5-6 years | <input type="checkbox"/> 7+ years |

Please list additional dance training here: \_\_\_\_\_

Previous Dance Schools (list most recent first)

School	City, State, Zip	Dates Attended
_____	_____	_____
_____	_____	_____

**THEATER**

Name of current or most recent theater school: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

Director/Teacher Name: \_\_\_\_\_ School Phone # \_\_\_\_\_

Theater skill levels in the following disciplines:

- |                   |                                      |                                    |                                    |                                    |                                   |
|-------------------|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| Acting            | <input type="checkbox"/> No training | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 5-6 years | <input type="checkbox"/> 7+ years |
| Improvisation     | <input type="checkbox"/> No training | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 5-6 years | <input type="checkbox"/> 7+ years |
| Technical Theater | <input type="checkbox"/> No training | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 5-6 years | <input type="checkbox"/> 7+ years |

**MUSIC**

Name of current or most recent music school: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

Director/Teacher Name: \_\_\_\_\_ School Phone # \_\_\_\_\_

Music skill levels in the following disciplines:

- |              |                                      |                                    |                                    |                                    |                                   |
|--------------|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| Voice        | <input type="checkbox"/> No training | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 5-6 years | <input type="checkbox"/> 7+ years |
| Piano        | <input type="checkbox"/> No training | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 5-6 years | <input type="checkbox"/> 7+ years |
| Music Theory | <input type="checkbox"/> No training | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 5-6 years | <input type="checkbox"/> 7+ years |

Can you read music?  no  yes

Do you play an instrument other than piano?  no  yes, which one (s)?

Instrument	Years Played
_____	_____
_____	_____
_____	_____

Please list special camp, classes or workshops you have participated in:

Summer Camp/Master Class/Workshop	Dates attended	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____



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**STUDENT STATEMENT-CONFIDENTIAL**

Name of Applicant: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Current Grade in School: \_\_\_\_\_

**To be completed by Applicant**

Please answer each in your own handwriting. Feel free to use additional paper if necessary.

**If you could meet any artist past or present, who would you meet and why?**

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**What experiences are you looking forward to as an Academy student next year?**

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**PARENT STATEMENT-CONFIDENTIAL**

Name of Applicant \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade in School \_\_\_\_\_

In the admission process we determine whether Metropolitan School of the Arts and your son/daughter are well matched and whether we can provide the services (academic, artistic, social, emotional, medical and psychological) needed for your son's/daughter's development as a student and as an artist. We consider this information confidential. Feel free to attach additional documentation.

Applicant lives with

Parents (jointly)  Father  Mother  Guardian  Stepmother  Stepfather  Other (explain) \_\_\_\_\_

Applicant's parents (check all that apply)

Live Jointly  Separated  Divorced  Mother deceased  Father deceased  Mother remarried  Father remarried

If parents are separated or divorced, date: \_\_\_\_\_

Custody:  Father  Mother  Joint  Other (explain) \_\_\_\_\_

Who will be responsible for all fees? \_\_\_\_\_

What excites you the most about your son/daughter being a student at MSA?

Describe your son/daughter's personality and character.

PARENT STATEMENT-CONFIDENTIAL

What do you perceive to be your child's greatest strengths and challenges socially, emotionally, academically and artistically?

What are your expectations for your son/daughter's secondary school experience?

What role do you play in your son/daughter's learning? Do you assist with homework and other academic needs?

Why do you feel Metropolitan is a good choice for your son/daughter?

What do you feel your son/daughter will contribute to the Metropolitan community?



**PARENT STATEMENT-CONFIDENTIAL**

In the admission process we determine whether Metropolitan School of the Arts and your son/daughter are well matched and whether we can provide the services (academic, artistic, social, medical and psychological) needed for your son's/ daughter's development as a student and as an artist.

To this end, we request from you specific information, some of it personal in nature. Be assured that the information you provide will be kept confidential and will not be used inappropriately. Your responses will be evaluated by our professional faculty and staff who are familiar with the artistic, academic, physical and psychological demands faced by students at a selective arts institution like Metropolitan School of the Arts. We urge you to be candid and complete in responding to the questions. Please use additional pages if necessary.

Describe your child's special dietary requirements, including religious observance, medical restrictions, food allergies and other special diets (i.e. vegetarian, vegan).

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Does your son/daughter have any chronic medical conditions such as asthma, epilepsy, diabetes, arthritis, etc?

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Does your son/daughter receive academic tutoring?  No  Yes In what subject(s)?

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Are there any academic or health related accommodations that your son/daughter is currently receiving?

No  Yes, Please describe

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If your child has ever had an IEP, please describe here and attach.

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Has your child had any evaluations relevant to the referral that the school may not know about? (This in no way impacts admission).

No  Yes

Educational       Psychological       Medical       Other: \_\_\_\_\_

Please explain this/these evaluation(s) (who performed it, when it was completed, etc.)

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What type of accommodations, if any, would you be requesting from Metropolitan School of the Arts?

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Has your child ever been asked to leave an academic or arts program due to honor code, disciplinary or behavioral concerns?

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What is your son/daughter's learning style/preference?

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Are there any other circumstances that you feel are important for us to know?

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On behalf of the applicant, I hereby submit to Metropolitan School of the Arts and confirm that all of the information herein is true to the best of my knowledge on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Parent or Guardian \_\_\_\_\_

**DIVERSITY**

Metropolitan School of the Arts admits students of either sex and of any race, color, national and ethnic origin or sexual orientation to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of sex, race, color, national and ethnic origin or sexual orientation in administration of its educational policies, available scholarships, and financial planning, and other school-administered programs.

Language spoken at home \_\_\_\_\_ Language(s) of instruction at school \_\_\_\_\_

**VISIT, INTERVIEW & AUDITION**

I have or will be attending an Open House on \_\_\_\_\_

I have a shadow visit and interview scheduled for \_\_\_\_\_

I will attend an Academy audition on \_\_\_\_\_

**HEADSHOT & RESUME**

Please attach a current headshot and arts resume (if you have one) to this application.

**DEADLINES**

Deadline for Early Decision application: February 15  
Applications completed after February 15 will be considered on a rolling basis.

**SIGNATURES**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail application to:  
Metropolitan School of the Arts • Attn: Academy Admissions  
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