



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 generous 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 ☐ 2nd Semester 2023-2024 ☐ 2024-2025 School Year

Preferred Pronouns (check all that apply) ☐ He/him ☐ She/her ☐ They/theirs ☐ _____

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: Afterschool Classes ☐ Educational consultant ☐ Online/Search Engine
☐ Metropolitan School of the Arts: Camps ☐ School fair ☐ Magazine/newspaper
☐ Referral: _____

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: _____

Type: ☐ independent ☐ public ☐ parochial ☐ home school ☐ other
(explain) _____

School Address: _____
Street City State Zip

Previous Schools (list most recent first)

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

SIBLINGS

Sibling 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
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Home Phone: _____

Parent /Guardian Name _____

Last	First	Middle
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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

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: _____

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: _____

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

	Instrument	Years
Do you play an instrument other than piano? <input type="checkbox"/> no <input type="checkbox"/> yes, which one (s)?	_____	_____
	_____	_____

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: _____

Last

First

Middle

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?

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

STUDENT STATEMENT-CONFIDENTIAL

What are your goals, dreams and aspirations?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I hereby submit this writing sample to Metropolitan School of the Arts and confirm that it is my own work and that all of the information herein is true to the best of my knowledge on this _____ day of _____, 20____.

Signature of Student



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PARENT STATEMENT-CONFIDENTIAL

Name of Applicant: _____
Last First Middle

In the admission process we determine whether Metropolitan School of the Arts and your child is well matched and whether we can provide the services (academic, artistic, social, emotional, medical and psychological) needed for your child'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 child being a student at MSA?

Describe your child'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 child's secondary school experience?

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

Why do you feel Metropolitan is a good choice for your child?

What do you feel your child will contribute to the Metropolitan community?

PARENT STATEMENT-CONFIDENTIAL

In the admission process we determine whether Metropolitan School of the Arts and your child are well matched and whether we can provide the services (academic, artistic, social, medical and psychological) needed for your child'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).

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

Does your child receive academic tutoring? ☐ No ☐ Yes

In what subject(s)? _____

Are there any academic or health related accommodations that your child is currently receiving?

☐ No ☐ Yes, Please describe

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

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.)

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

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

What is your child's learning style/preference?

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

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 any sex, race, color, religion, national and ethnic origin, gender identity 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, religion, national and ethnic origin, gender identity 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.

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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