

**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](mailto:scraven@rhmail.org)**  
**MUST BE RECEIVED BY October 12, 2018**

**(Nominations returned after this date will not be accepted)**