

# WEXFORD COLLEGIATE SCHOOL FOR THE ARTS

## PARENTAL PERMISSION FORM FOR SPECIALIZED PROGRAMS AUDITION/INTERVIEW

Student # \_\_\_\_\_ Current School \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

---

### SPECIALIZED PROGRAM

☐ Special Series Visual and Media Arts

☐ Performing Arts

#### Note:

A photograph will be taken on the day of the audition for identification purposes in the Performing Arts audition process.

I have read and understood the details of the Special Series Visual & Media Arts Interview / Performing Arts Audition and give permission for my son/ daughter to attend at Wexford Collegiate School of the Arts.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_