



**Arts Nipissing at West Ferris I.S.S.
Application Form**

Student's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Home Address: _____

Home Telephone: _____ Alternate Telephone: _____

Email Address: _____

Present School: _____

We thank you for your interest in the Arts Nipissing Program at West Ferris I.S.S. In order to complete the application process we ask that you complete the following in the space provided.

To be completed by the **student applicant**:

Why are you interested in the Arts Nipissing program?

Transportation: Busing will be provided for out-of-zone students who have been approved for specialized programs and live 3.0 km or more away from the school, provided transportation (busing) is available.

I understand and agree that if my child does not maintain an overall average of 70% in his or her major arts area of study, he or she may be asked to transfer to his or her home-zoned secondary school.

Parent/Guardian Signature: _____ Date: _____