



Arts and Animation Studios

ENROLLMENT APPLICATION

Application information

Full name: _____ Date: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt./Unit #

_____ Email: _____
City State Zip Code

Emergency Contact Name _____ Relation _____ Contact Phone/Email _____

Other Contact _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Education

High school: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Skills:

Please list your comfort level with computers and various software.

Software:	_____	Level:	_____
Experience	_____	More:	_____
	_____		_____
Software:	_____	Level:	_____
Experience	_____	More:	_____
	_____		_____
Software:	_____	Level:	_____
Experience	_____	More:	_____
Address:	_____	Email:	_____

Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

Support

Do you currently have an IEP? Yes _____ No _____

What is your diagnosis? _____

What type of support would you need to participate in our online course?

What type of support would you need to participate in our in-person course?

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.
I understand that by enrolling into the Arts and Animation Vocational Training Studios' program, I am agreeing that I will adhere to all the policies and procedures for said program, to include being able to participate in online course studies and sometimes in-person.

Signature: _____ Date: _____