



Arts and Animation Studios

WORKSHOP-HOW TO WRITE A COMPELLING STORY REGISTRATION FORM

Personal 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

Education

High school: _____ City _____

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

Middle School _____ City _____

Other: _____ Address: _____

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

Tell us a little about you and why this class interests you.

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: _____