



# CALeTs

## California Entertainment Trade Solutions

2019-2020 Trade School Year Application

### FIELD OF STUDY

#### Check 1<sup>st</sup> Priority:

- |  |   |
|--|---|
| <input type="checkbox"/> Music instruction | <input type="checkbox"/> Music Producer       |
| <input type="checkbox"/> Studio Engineer   | <input type="checkbox"/> Singer/Songwriter    |
| <input type="checkbox"/> Film maker        | <input type="checkbox"/> Screen Play Writer   |
| <input type="checkbox"/> Video Editor      | <input type="checkbox"/> Video/Movie Director |
| <input type="checkbox"/> Camera Operator   | <input type="checkbox"/> Actor                |

#### Check 2<sup>nd</sup> Priority:

- |  |   |
|--|---|
| <input type="checkbox"/> Music instruction | <input type="checkbox"/> Music Producer       |
| <input type="checkbox"/> Studio Engineer   | <input type="checkbox"/> Singer/Songwriter    |
| <input type="checkbox"/> Film maker        | <input type="checkbox"/> Screen Play Writer   |
| <input type="checkbox"/> Video Editor      | <input type="checkbox"/> Video/Movie Director |
| <input type="checkbox"/> Camera Operator   | <input type="checkbox"/> Actor                |

#### Check 3<sup>rd</sup> Priority:

- |  |   |
|--|---|
| <input type="checkbox"/> Music instruction | <input type="checkbox"/> Music Producer       |
| <input type="checkbox"/> Studio Engineer   | <input type="checkbox"/> Singer/Songwriter    |
| <input type="checkbox"/> Film maker        | <input type="checkbox"/> Screen Play Writer   |
| <input type="checkbox"/> Video Editor      | <input type="checkbox"/> Video/Movie Director |
| <input type="checkbox"/> Camera Operator   | <input type="checkbox"/> Actor                |



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CALeTs success is tailored for team players. If one succeeds, we all succeed. Tell us how your personality will benefit the team. Be specific about ways you know to support and how you have supported others in the past. This is an important key to your success at CALeTs. None of us make it on our own. We all have a team that backs us all along the way.

*(Please write legibly, or submit in a Word document, or fill out online. 150-200 words MAX, please!)*

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**Student Health Insurance Carrier Name:**

\_\_\_\_\_

Carrier Claims Phone Number: \_\_\_\_\_

Group or Member Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Is there coverage out of state (*please check one*):  **Yes**  **No**

**Person Fiscally Responsible for Tuition:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_