

## APPLICATION FOR ADMISSION SCHOOL YEAR: 2015 - 2016

### APPLICATION REQUIREMENTS

- **All completed applications and required items must be received or postmarked by January 16, 2015.**

- Completed applications may be delivered or mailed to:

**Creative Arts Academy  
321 N Main St  
Davenport, IA 52801**

Dropoff times: Monday – Friday, 7:30 a.m. – 3:00 p.m.

Applications may also be emailed to Lea Rhodes at: [rhodesl@mail.davenport.k12.ia.us](mailto:rhodesl@mail.davenport.k12.ia.us)

- Incomplete applications will not be processed and an audition will not be scheduled until application is complete.
- Davenport Community Schools cannot be responsible for making copies of your application or other documents. No documents will be returned. (Please make copies for your own records)
- Applicants not selected to attend The Creative Arts Academy of the Quad-Cities are required to submit a new application for the following school year if they would like to apply again.
- Auditions for Dance, Theatre and Music students will take place on Friday, January 23rd and Saturday, January 24th. Auditions for Communication & Media Arts, and Visual Art students will take place on Friday, January 30th and Saturday, January 31st.
- Your audition date/time will be mailed to the address given on the application. Your audition date and time cannot be changed.
- Notification letter of applicant's acceptance into the CAA will be mailed by May 6th, 2014.

### **The following three items must be submitted as a group when applying:**

1. Completed application (see next page)
2. Student statement and interest survey
3. Teacher recommendation

**Application for 2015-2016 School Year  
The Creative Arts Academy of the Quad Cities**

Date: \_\_\_\_\_ Grade entering in August 2015: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Address: (Number or P.O.Box) \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male ☐ Female ☐

Present Grade: \_\_\_\_\_ Present School: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Present School's Address: \_\_\_\_\_

Last Davenport Community School attended (if any)

\_\_\_\_\_ Year \_\_\_\_\_

Please list names of Parent/Guardian living with student above:

\_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

You may check one area to audition in for the 2015-16 school year:

☐ Communicative and Media Arts

☐ Dance

☐ Music

☐ Theatre

☐ Visual Art & Design

Recommendation for (Student) Name: \_\_\_\_\_

Check one: 6<sup>th</sup> grade ☐ Dream Student ☐

Person writing the recommendation letter: \_\_\_\_\_

**Communication and Media Arts – 7 questions**

1. In what capacity have you known the applicant and for how many years?

2. Does this student have above average storytelling and writing skills?

3. Does this student work to complete homework assignments given by you?

4. Do you believe this student has the patience to stay focused throughout your lesson?

5. What are this student's strengths as a communication and media student?

6. What are this student's strengths as a person?

7. What additional information can you offer about this student that should be considered regarding his/her applying to attend the CAA?

Recommendation for (Student) Name: \_\_\_\_\_

Check one: 6<sup>th</sup> grade ☐ Dream Student ☐

Person writing the recommendation letter: \_\_\_\_\_

**Dance – 7 questions**

1. In what capacity have you known the applicant and for how many years?

2. Does this student have above average dancing skills?

3. Does this student work to complete homework assignments given by you?

4. Do you believe this student has the patience to stay focused throughout your lesson?

5. What are this student's strengths as a dance student?

--

6. What are this student's strengths as a person?

--

7. What additional information can you offer about this student that should be considered regarding his/her applying to attend the CAA?

--

Recommendation for (Student) Name: \_\_\_\_\_

Check one: 6<sup>th</sup> grade ☐ Dream Student ☐

Person writing the recommendation letter: \_\_\_\_\_

**Music Audition – 8 questions (Instrumental, Vocal, Guitar and piano)**

1. In what capacity have you known the applicant and for how many years?

2. ( Vocal Students only) Compared to other students you have taught, how does this applicant compare in:

- a. Vocal Tone Quality \_\_\_\_\_  
b. Pitch \_\_\_\_\_  
c. Rhythm \_\_\_\_\_  
d. Vocal Range \_\_\_\_\_

3. Can this student read music on at least a rudimentary level?

4. Does this student work to complete homework assignments given by you?

5. Do you believe this student has the patience to stay focused throughout your lesson?

6. What are this student's strengths as a singer/musician?

7. What are this student's strengths as a person?

8. What additional information can you offer about this student that should be considered regarding his/her applying to attend the CAA?



Recommendation for (Student) Name: \_\_\_\_\_

Check one: 6<sup>th</sup> grade ☐ Dream Student ☐

Person writing the recommendation letter: \_\_\_\_\_

**Theatre (Performance or Technical Theatre) – 7 questions**

1. In what capacity have you known the applicant and for how many years?

2. Does this student have above average drama skills?

3. Does this student work to complete homework assignments given by you?

4. Do you believe this student has the patience to stay focused throughout your lesson?

5. What are this student's strengths as a drama student?

6. What are this student's strengths as a person?

7. What additional information can you offer about this student that should be considered regarding his/her applying to attend the CAA?

Recommendation for (Student) Name: \_\_\_\_\_

Check one: 6<sup>th</sup> grade ☐ Dream Student ☐

Person writing the recommendation letter: \_\_\_\_\_

**Visual Art Audition ( 2-D, 3-D, Design and Art History) – 7 questions**

1. In what capacity have you known the applicant and for how many years?

2. Does this student have above average drawing skills?

3. Does this student work to complete homework assignments given by you?

4. Do you believe this student has the patience to stay focused throughout your lesson?

5. What are this student's strengths as an art student?

--

6. What are this student's strengths as a person?

--

7. What additional information can you offer about this student that should be considered regarding his/her applying to attend the CAA?

--

## Release Agreement

As the Parent or Legal Guardian of \_\_\_\_\_, I hereby authorize the recording, video filming, and/or photographing of my child in Creative Arts Academy activities. Further, I agree to the use of my child's name, likeness and achievements(s) for educational and other bona fide related, non-profit purposes, including marketing and promoting the Davenport Community Schools and/or the Creative Arts Academy of the Quad Cities and consent to the display of such to any persons.

I authorize the use of any such recording, video film, and/or photographs, and/or any other such information in all media in perpetuity and without claim to compensation. I agree to release and hold harmless Davenport Community Schools and the Creative Arts Academy of the Quad Cities for the use of any such material.

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

\_\_\_\_\_  
Signature of Parent/ Guardian Name

\_\_\_\_\_  
Date

## Transportation Agreement

As the parent or legal Guardian of the above student I understand that if they are 6th grade students in the Creative Arts Academy, you must provide transportation for your child to the Davenport Public Library site for the morning session. They will be bused home by the district from Sudlow Intermediate in the afternoon. If your student is a Dream Student, you are responsible for transportation to and from all Creative Arts Academy classes.

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

\_\_\_\_\_  
Signature of Parent/Guardian Name

\_\_\_\_\_  
Date

## Student and Parent Contract

Student Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

The Creative Arts Academy of the Quad Cities is designed to meet the individual artistic and academic needs of the students accepted into its program. Since support of the program is essential, it is necessary for parents and students to understand and agree to the following:

- I understand my child is expected to attend school daily, to arrive promptly, and remain throughout the scheduled hours.
- I understand my child is to cooperate and conduct himself/herself with teachers, classmates, artists, mentors and other adults, in a manner showing respect to all persons.
- I understand my child is to complete all required work, including homework and work missed due to conflicting performances, field trips and/or illness.
- I understand my child is to respect and care for all equipment, supplies and school property he/she uses.
- I understand that if I choose to remove my child, or if I am asked to remove my child from this school, my child may not re-enter unless there are rare and extenuating circumstances as approved by the Superintendent or determined by the Board of Education.
- I understand that my child is expected to participate in CAA artistic events and rehearsals which sometimes extend beyond the normal school hours. Outside community artistic events and rehearsals must be limited so as not to restrict school attendance or class work. CAA events and rehearsals will take priority over outside activities.
- I understand that in most cases, items for personal use, such as most musical instruments, dance leotards, ballet shoes, etc., shall be provided by the student.
- I understand my child must maintain the highest standards of honesty and integrity while attending the CAA.
- I understand that my child must maintain a 2.0 grade point average while in the CAA. Failure to maintain a 2.0 will result in the student being placed on probation and will not be able to participate in arts area performances or exhibits.
- I understand that my child must abide by all of the rules of the CAA as outlined in the Davenport Community Schools Board Policy 504-Discipline and Behavior and the CAA Handbook.
- I understand that my child's year to year standing in the CAA is not automatic. Each child will have a CAA status review each spring.

My signature below indicates that I have read this letter of commitment and agree to comply with all requirements of the Creative Arts Academy of the Quad Cities.

\_\_\_\_\_  
Students's Signature

\_\_\_\_\_  
Please Print Student's Name

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Please Print Parent/Guardian's Name

Date \_\_\_\_\_

**DAVENPORT COMMUNITY SCHOOL DISTRICT  
ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION**

The certificate of physical examination is valid for the purpose of this rule for one calendar year. A grace period not to exceed thirty days is allowed for expired certifications of physical examination.

**QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please Print)** SCHOOL \_\_\_\_\_

NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ FAMILY PHYSICIAN \_\_\_\_\_

WORK # \_\_\_\_\_ EMERGENCY CONTACT # \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

**HEALTH HISTORY (Student Athlete or Parent/Guardian to Fill Out #1 - 31 Before Exam)  
(Parent/Guardian Required to Sign on Back of the Form After Examination.)**

- | Yes       | No    | Has This Student Had Any?   | Yes       | No    | Has This Student Had Any?             |
|-----------|-------|---|-----------|-------|---------------------------------------|
| 1. _____  | _____ | Chronic or recurrent illness?   | 14. _____ | _____ | Asthma?                               |
| 2. _____  | _____ | Hospitalizations?   | 15. _____ | _____ | Epilepsy?                             |
| 3. _____  | _____ | Surgery, other than tonsillectomy?  | 16. _____ | _____ | Diabetes?                             |
| 4. _____  | _____ | Missing organs (eye, kidney, testicle)?   | 17. _____ | _____ | Eyeglasses or contact lenses?         |
| 5. _____  | _____ | Allergy to medications?   | 18. _____ | _____ | Dental braces, bridges, plates?       |
| 6. _____  | _____ | Problems with heart or blood pressure?  |           |       |                                       |
| 7. _____  | _____ | Chest pain with exercise?   | Yes       | No    | <b>Is there a history of?</b>         |
| 8. _____  | _____ | Dizziness or fainting with exercise?  | 19. _____ | _____ | Injuries requiring medical treatment? |
| 9. _____  | _____ | Frequent headaches, convulsions, dizziness or fainting?   | 20. _____ | _____ | Neck injury?                          |
| 10. _____ | _____ | Concussion or unconsciousness?  | 21. _____ | _____ | Knee injury?                          |
| 11. _____ | _____ | Heat exhaustion, heat stroke, or other heat problems?   | 22. _____ | _____ | Knee surgery?                         |
| 12. _____ | _____ | Any illness lasting over a week?  | 23. _____ | _____ | Ankle injury?                         |
| 13. _____ | _____ | Rheumatic fever?  | 24. _____ | _____ | Other serious joint injury?           |
|           |       |   | 25. _____ | _____ | Broken bones (fractures)?             |
| Yes       | No    | <b>Further History:</b>   |           |       |                                       |
| 26. _____ | _____ | Is there any history of family or genetic disease?  |           |       |                                       |
| 27. _____ | _____ | Has any family member died suddenly at less than 40 years of age of causes other than an accident?        |           |       |                                       |
| 28. _____ | _____ | Has any family member had a heart attack at less than 55 years of age?                                    |           |       |                                       |
| 29. _____ | _____ | Are you uncomfortably short of breath after running 1/2 mile (2 times around the track) without stopping? |           |       |                                       |
| 30. _____ | _____ | List all medications you are presently taking and what condition the medication is for.                   |           |       |                                       |
|           |       | A. _____  |           |       |                                       |
|           |       | B. _____  |           |       |                                       |
|           |       | C. _____  |           |       |                                       |
| 31. _____ | _____ | What is the most and the least you have weighed in the past year? <b>Most</b> _____/ <b>Least</b> _____   |           |       |                                       |

Date of last known tetanus (lockjaw) shot: \_\_\_\_\_

**FOR WOMEN ONLY:**

1. How old were you when you had your first menstrual period? \_\_\_\_\_
2. In the past year, what is the longest time you have gone between menstrual periods? \_\_\_\_\_

Use this space to **explain** any of the **above numbered YES answers** or to provide any additional information:

---

---

---

---

---

---

---

---

# PHYSICAL EXAMINATION RECORD (To Be Filled Out by Licensed Professional)

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose and Throat			
3. Mouth and Teeth			
4. Neck			
5. Cardiovascular			
6. Chest and Lungs			
7. Abdomen			
8. Skin			
9. Musculoskeletal: ROM, strength, etc.			
10. Neurological			

Comments re Abnormal Findings: \_\_\_\_\_

## Participation Recommendations

\_\_\_\_\_ Full and Unlimited Participation

\_\_\_\_\_ Clearance Pending Documented Follow Up Of \_\_\_\_\_

\_\_\_\_\_ No Athletic Participation Due To \_\_\_\_\_

\_\_\_\_\_  
Licensed Professional's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

## Parent's or Guardian's Permission and Release

I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to give first aid treatment to this student at an athletic event in case of injury.

\_\_\_\_\_  
Typed or Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

## INSURANCE NOTICE

The school district does **NOT** purchase an insurance policy for athletes. School time insurance is offered at a nominal fee and partially covers all sports **EXCEPT** football. Football players who purchase school time insurance may also purchase a policy for football at their own additional expense. It is agreed that the cost of any and all treatment for injury or injuries sustained by my son/daughter shall be the responsibility of the parent (guardians) and that all such costs will be paid by us, thus releasing the schools from all financial obligations. Participation in athletic competition may result in serious or fatal injuries.

**CHECK  
ONE  
BOX**



We plan to participate in the insurance program offered by the school district, as outlined in the insurance letter available at registration in August. We are aware this insurance is not in effect until the form and payment have been received by the school.



We do **not** wish to participate in the school district insurance program, as we have our own insurance and/or will assume responsibility and costs for injuries.



**Please write a statement (250 words or less) explaining why you want to be a part of the Creative Arts Academy.**

**Next, please choose one of the five audition areas listed on pages 2 and 3.**

☐ Check here if **COMMUNICATION AND MEDIA ARTS** is your area of choice for the audition, then check your areas of interest.

### Communication and Media Arts

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Film and Video         | <input type="checkbox"/> Television and Radio | <input type="checkbox"/> New Media         |
| <input type="checkbox"/> Still Photography      | <input type="checkbox"/> Creative Writing     | <input type="checkbox"/> Graphic Design    |
| <input type="checkbox"/> Software Development   | <input type="checkbox"/> 2D & 3D Animation    | <input type="checkbox"/> Creative Thinking |
| <input type="checkbox"/> Video Game Development | <input type="checkbox"/> Digital Publishing   |  |

☐ Check here if **DANCE** is your area of choice for the audition, then check your areas of interest.

Check Dance Style of your solo below.

Check the Dance Class(es)  
that you are currently taking.

- |                                       |  |                                       |  |
|---------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Ballet       | <input type="checkbox"/> Lyrical or Contemporary | <input type="checkbox"/> Ballet       | <input type="checkbox"/> Lyrical or Contemporary |
| <input type="checkbox"/> Modern Dance | <input type="checkbox"/> Ethnic Dance            | <input type="checkbox"/> Modern Dance | <input type="checkbox"/> Ethnic Dance            |
| <input type="checkbox"/> Jazz         | <input type="checkbox"/> Tap                     | <input type="checkbox"/> Jazz         | <input type="checkbox"/> Tap                     |

☐ Check here if MUSIC is your area of choice for the audition, then check your areas of interest.

Instrumental	Vocal Music	Guitar	Piano
What is your solo instrument?  <input type="checkbox"/> _____	Do you need an accompanist?  Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Guitar	<input type="checkbox"/> Piano

☐ Check here if THEATRE is your area of choice for the audition, then check your areas of interest.

Performance	Technical Theatre
<input type="checkbox"/> Acting <input type="checkbox"/> Improvisation	<input type="checkbox"/> Set Design and Construction <input type="checkbox"/> Costume Design <input type="checkbox"/> Lighting and Sound
<input type="checkbox"/> Playwriting/Screenwriting <input type="checkbox"/> Directing	<input type="checkbox"/> Makeup <input type="checkbox"/> Stage Management

☐ Check here if VISUAL ART is your area of choice for the audition, then check your areas of interest.

2-D Art	3-D Art	Design	Art History Museum Studies
<input type="checkbox"/> Painting <input type="checkbox"/> Drawing <input type="checkbox"/> Printmaking	<input type="checkbox"/> Ceramics <input type="checkbox"/> Sculpture <input type="checkbox"/> Glass	<input type="checkbox"/> Fashion <input type="checkbox"/> Interior <input type="checkbox"/> Product <input type="checkbox"/> Industrial	<input type="checkbox"/> Art History and Museum Studies