

# VMFA Museum Leaders in Training Application & Student Information Sheet

## Student Information

FIRST and LAST Name | \_\_\_\_\_

Age | \_\_\_\_\_ DOB | \_\_\_\_\_ Grade | \_\_\_\_\_

Street Address | \_\_\_\_\_ City | \_\_\_\_\_ State/ Zip | \_\_\_\_\_

Home Phone | \_\_\_\_\_ Mobile Phone | \_\_\_\_\_

Email | \_\_\_\_\_

## Medical Information

Please list any known allergies | \_\_\_\_\_

\_\_\_\_\_

Please list any information you consider important for ensuring the student's medical safety

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## School Information

School Name | \_\_\_\_\_

Teacher's Name | \_\_\_\_\_

Teacher's Email | \_\_\_\_\_

Extracurricular Activities, please list | \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Submission type, please check the appropriate box

- I am submitting a portfolio with three examples of art
- I am submitting a teacher recommendation
- I am submitting a writing sample (attached)

**Primary Contact/Emergency Contact: Parent/Guardian Information**

Name | \_\_\_\_\_

Relationship to Student | \_\_\_\_\_

Phone | Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Email | \_\_\_\_\_

**Secondary Contact/Emergency Contact: Parent/Guardian Information**

Name | \_\_\_\_\_

Relationship to Student | \_\_\_\_\_

Phone | Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Email | \_\_\_\_\_

**Person/s authorized to pick-up student (other than parent or guardian)**

Name | \_\_\_\_\_

Relationship to Student | \_\_\_\_\_

Phone | Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

**Check all boxes that apply to the following statements:**

- Student has my permission to walk to and from the M.LiT training sessions.
- Student has my permission to take public transportation.
- Student is a licensed driver and has my permission to drive.

If the student is not picked up within 15 minutes of the class completion time, VMFA staff will attempt to contact the parents/guardians and emergency contacts. If VMFA staff cannot reach emergency contacts within 30 minutes after the class's completion time, the proper authorities will be notified.

I, as the parent or guardian, certify that the information I provided above is accurate. I give consent for my child to participate in all scheduled M.LiT activities. I have reviewed the *VMFA M.LiT Program Policies and Guidelines* with my child.

Print Name | \_\_\_\_\_ Signature | \_\_\_\_\_

Date | \_\_\_\_\_