



# Digital Media Academy

Application 2016-2017

www.avhsdma.com

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Last

First

Date of Birth \_\_\_\_\_ Student Cell # \_\_\_\_\_ Current Grade 9 10 11

Home Phone # \_\_\_\_\_ Student Email \_\_\_\_\_

Enrollment in the pathway is limited. Teacher recommendation forms will be sent out upon receipt of your application. Applications will then be reviewed and student will be called for a personal interview. Selection is based on sincere interest and desire to participate in the program.

**Briefly explain why you would like to be a part of the Digital Media Academy**

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Parent Cell \_\_\_\_\_

Parent Comments or Questions \_\_\_\_\_

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**Return this form to Mr. Wilshire in G102 - ASAP**

For Office Use Only:

Date Received \_\_\_\_\_ Teacher Evaluation \_\_\_\_\_

AVHS Resident \_\_\_\_\_ District Transfer \_\_\_\_\_