



ClaytonArts Academy Application Instructions 2010 – 2011

Please submit the following:

1. Completed application form.

2. Two Teacher/Administrator Evaluation Forms (these may include letters of recommendation). These forms should be filled out by a teacher or administrator explaining how the student would benefit from or contribute to the ClaytonArts Academy. Please submit these forms in sealed envelopes with the student's name on the envelope. Either the evaluator or the applicant may submit the sealed envelope.

3. For non-feeder school applicants only: Provide a copy of your Intradistrict Transfer Request form with your application. Intradistrict Transfer Request forms must be filed by Friday, January 15, 2010 with the Mt. Diablo Unified School District Office at the Dent Center.

Please provide special needs information, if applicable.

Deadline: Tuesday, February 16, 2010, at 3:00pm.

Submit completed hardcopy applications (no online submissions, please) to:

**Jeff Hagerstrand
ClaytonArts Academy
Clayton Valley High School
1101 Alberta Way
Concord, CA 94521**

Criteria considered for acceptance:

- interest and/or background in the arts
- interest in pursuing a career in an arts related field
- interest in core academic subjects that utilize arts-related and project-based curricular approach throughout high school

Optional Information:

transcript
art samples
portfolio

Interview process. Only applicants with completed applications by the deadline will be interviewed. Interviews will be scheduled at Clayton Valley during the spring semester 2010 and will include writing an impromptu response to a prompt. Applicants should not prepare an essay.

Any applications received after the deadline will be placed on a separate waiting list. They will be evaluated only after the on-time applications have all been processed.

If you have questions, please contact Jeff Hagerstrand. Email: coordinator@claytonarts.org;
Phone: (925) 682-7474 ext. 3128; Fax: (925) 825-7859.



Clayton Arts Academy 2010 – 2011 School Year Application Form

Deadline: Tuesday, February 16, 2010, 3:00 pm

Student Information:

Name: _____
Last First Middle Initial

Address: _____
Street

City State Zip Code

Current School: _____

Current Grade Level: ___8th ___9th ___10th ___11th

Parent/Guardian Information:

Parent A: _____ Home Phone #: _____
Last First

Cell #: _____

Work #: _____

Parent B: _____ Home Phone #: _____
Last First

Cell #: _____

Work #: _____

General Information:

Specialty Classes: Please rank the following specialties from most interest (1) to least interest (4). Choices are not guaranteed as room in each specialty fluctuates from year to year:

- ___ Art
- ___ Drama
- ___ Photography
- ___ Video Productions

Letters of Recommendation: Please list two individuals who will provide recommendation letters for the applicant:

Name: _____ Position: _____ Contact #: _____

Name: _____ Position: _____ Contact #: _____

OFFICE USE ONLY

Date Received: ____/____/____

Complete form _____ Incomplete form _____

Missing _____



ClaytonArts Academy

Teacher / Administrator Evaluation

Name of Applicant _____

Name of Evaluator _____

Print Name

Position of Evaluator _____

School Name _____ Contact Number _____

On the scale below, please rate the applicant with a check under the appropriate column.

	Outstanding	Excellent	Good	Average	No Opinion
Leadership Ability					
Self-Discipline					
Initiative					
Personal Responsibility					
Integrity					
Consideration for Others					
Creativity					
Academic Potential					
Maturity					

In the space below, or on an attached sheet, please use anecdotes or examples to give the evaluation committee a more complete description of the applicant. Please describe any special accomplishments or talents that distinguish the candidate from other students you have known. Explain how the student would benefit from this program. Indicate any of the student's strengths or concerns.

OFFICE USE ONLY

Date Received: ____/____/____

Complete form _____ Incomplete form _____

Missing _____



Clayton Arts Academy

Teacher / Administrator Evaluation

Name of Applicant _____

Name of Evaluator _____
Print Name

Position of Evaluator _____

School Name _____ Contact Number _____

On the scale below, please rate the applicant with a check under the appropriate column.

	Outstanding	Excellent	Good	Average	No Opinion
Leadership Ability					
Self-Discipline					
Initiative					
Personal Responsibility					
Integrity					
Consideration for Others					
Creativity					
Academic Potential					
Maturity					

In the space below, or on an attached sheet, please use anecdotes or examples to give the evaluation committee a more complete description of the applicant. Please describe any special accomplishments or talents that distinguish the candidate from other students you have known. Explain how the student would benefit from this program. Indicate any of the student's strengths or concerns.

OFFICE USE ONLY

Date Received: ____/____/____

Complete form _____ Incomplete form _____

Missing _____