



BARAK ARTspeak Application

Name: _____

Age: _____ Grade (starting Fall): _____

Address: _____ Apt # _____

City: _____ Zip: _____

Phone: (home) _____ (cell) _____

Email: _____

Why do you want to participate in ARTspeak. Attach additional pages if necessary.

What skills do you hope to gain from participating in ARTspeak?

Were you're a past participant of BARAK? Yes No At which site?

Parent/Guardian Information

Primary Parent/
Guardian: _____

Last

First

MI

Relationship to
Student: _____

Address: _____ Apt # _____

City/State: _____ Zip: _____

Day Phone: () _____ Cell Phone: () _____

Email: _____

By signing below, I give my permission for my child to participate in the BARAK ARTspeak Program

Print Name _____

SIGNATURE: _____ DATE _____