

**LONG ISLAND HIGH SCHOOL for the ARTS**

Art ~ Dance ~ Drama ~ Film ~ Music ~ Musical Theatre ~ Playwriting ~ Theatre Technology

Nassau BOCES Long Island High School for the Arts  
239 Cold Spring Road, Syosset, New York 11791, (516) 622-5678  
www.lihsarts.org

**STUDENT QUESTIONNAIRE** (Please print)

**~ VOCAL MUSIC ~**

Student's Name \_\_\_\_\_

Family Name (if different) \_\_\_\_\_ School District Name \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade as of **September 2010** \_\_\_\_\_

Name of School \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Do you take private lessons?  Yes  No Number of years of study \_\_\_\_\_

Vocal Range: (circle) Soprano Alto Tenor Baritone

Vocal Coach: In School \_\_\_\_\_ Out of School \_\_\_\_\_

Languages you sing in other than English \_\_\_\_\_

Have you taken part in any musical programs?  Yes  No

Place: \_\_\_\_\_

Please list areas of music which you have studied (ex: Theory, 2 years)

\_\_\_\_\_

Are you a member of any vocal organizations?

In school?  Yes  No Out of School?  Yes  No

Please list any other related experience you have had in the area of music (Ex: awards, summer programs, competitions, special programs, internships, etc.)

\_\_\_\_\_

After graduation, are you interested in pursuing music at a college or conservatory  Yes  No

To be completed by home school district Guidance Counselor

This student is an applicant for:  Full Day  Half Day  To Be Determined

Has this student ever been classified by your school district CSE?  Yes  No

Is this student currently classified by your school district CSE?  Yes  No

(If yes, please attach a copy of current Individual Education Plan)

Has this student ever had 504 Accommodations?  Yes  No

Does this student currently have 504 Accommodations?  Yes  No

(If yes, please attach a copy of the current 504 Plan)

Guidance Counselor Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Guidance Counselor Name (please print) \_\_\_\_\_

STUDENT QUESTIONNAIRE (Please print)

~ **INSTRUMENTAL MUSIC** ~

Student's Name \_\_\_\_\_

Family Name (if different) \_\_\_\_\_ School District Name \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade as of **September 2010** \_\_\_\_\_

Name of School \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Do you take private lessons?  Yes  No In what instrument \_\_\_\_\_

Number of years of study \_\_\_\_\_ Instrument played \_\_\_\_\_

Music Instructor : In School \_\_\_\_\_ Out of School \_\_\_\_\_

Other areas of interest:  Conducting  Composition Other \_\_\_\_\_

Have you taken part in any musical programs?  Yes  No

Place: \_\_\_\_\_

Please list areas of music which you have studied (ex: Theory, 2 years, computer music experience)

Are you a member of any music organizations?

In school?  Yes  No Out of School?  Yes  No

Please list any other related experience you have had in the area of music (Ex: awards, summer programs, competitions, special programs, internships, etc.)

After graduation, are you interested in pursuing music at a college or conservatory  Yes  No

To be completed by home school district Guidance Counselor

This student is an applicant for: \_\_\_\_\_ Full Day \_\_\_\_\_ Half Day \_\_\_\_\_ To Be Determined

Has this student ever been classified by your school district CSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this student currently classified by your school district CSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please attach a copy of current Individual Education Plan)

Has this student ever had 504 Accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this student currently have 504 Accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please attach a copy of the current 504 Plan)

Guidance Counselor Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Guidance Counselor Name (please print) \_\_\_\_\_

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**STUDENT QUESTIONNAIRE** (Please print)

**~ ART ~**

Student's Name \_\_\_\_\_

Family Name (if different) \_\_\_\_\_ School District Name \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade as of **September 2010** \_\_\_\_\_

Name of School \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Do you take private lessons?  Yes  No Years of art study completed \_\_\_\_\_

Art Instructor : In School \_\_\_\_\_ Out of School \_\_\_\_\_

Major area of interest:  Painting  Sculpture  Ceramics  Drawing Other \_\_\_\_\_

Please list areas of art which you have studied (ex: Photography, etc.) \_\_\_\_\_

Do you frequent museums or galleries?  Yes  No Please list museums and galleries \_\_\_\_\_

Has any of your art work ever been displayed? In school? \_\_\_\_\_ Out of school? \_\_\_\_\_

Please list any other related experience you have had in the area of art (Ex: awards, summer programs, competitions, special programs, internships, etc.) \_\_\_\_\_

After graduation, are you interested in pursuing art at a college or conservatory  Yes  No

To be completed by home school district Guidance Counselor

This student is an applicant for:  Full Day  Half Day  To Be Determined

Has this student ever been classified by your school district CSE?  Yes  No

Is this student currently classified by your school district CSE?  Yes  No

(If yes, please attach a copy of current Individual Education Plan)

Has this student ever had 504 Accommodations?  Yes  No

Does this student currently have 504 Accommodations?  Yes  No

(If yes, please attach a copy of the current 504 Plan)

Guidance Counselor Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Guidance Counselor Name (please print) \_\_\_\_\_

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**STUDENT QUESTIONNAIRE** (Please print)

**~ DRAMA ~**

Student's Name \_\_\_\_\_

Family Name (if different) \_\_\_\_\_ School District Name \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade as of **September 2010** \_\_\_\_\_

Name of School \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Do you take private lessons?  Yes  No Areas of study \_\_\_\_\_

Drama Coach: In School \_\_\_\_\_ Out of School \_\_\_\_\_

Major area of interest: (circle) Drama Comedy Directing, Film Production, Technical Theatre, Playwriting, Other \_\_\_\_\_

Have you taken part in any productions ?  Yes  No

PRODUCTION	ROLE	WHERE	WHEN

Please list areas of drama which you have studied (ex: monologue work, scene study, etc.) \_\_\_\_\_

Please list any other related experience you have had in the area of theatre (Ex: awards, summer programs, competitions, special programs, internships, etc.) \_\_\_\_\_

After graduation, are you interested in pursuing theatre at a college or conservatory  Yes  No

To be completed by home school district Guidance Counselor

This student is an applicant for:  Full Day  Half Day  To Be Determined

Has this student ever been classified by your school district CSE?  Yes  No

Is this student currently classified by your school district CSE?  Yes  No  
(If yes, please attach a copy of current Individual Education Plan)

Has this student ever had 504 Accommodations?  Yes  No

Does this student currently have 504 Accommodations?  Yes  No  
(If yes, please attach a copy of the current 504 Plan)

Guidance Counselor Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Guidance Counselor Name (please print) \_\_\_\_\_

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**STUDENT QUESTIONNAIRE** (Please print)

**~ THEATRE TECHNOLOGY ~**

Student's Name \_\_\_\_\_

Family Name (if different) \_\_\_\_\_ School District Name \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade as of **September 2010** \_\_\_\_\_

Name of School \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Are you on your district's stage crew \_\_\_ Yes \_\_\_ No Number of years \_\_\_\_\_

In what areas: \_\_\_ Lighting \_\_\_ Sound \_\_\_ Set Construction \_\_\_ Costume Design Other \_\_\_\_\_

Teacher/Advisor: In School \_\_\_\_\_ Out of School \_\_\_\_\_

Have you taken part in any productions ? \_\_\_ Yes \_\_\_ No

PRODUCTION	ROLE	WHERE	WHEN

Please list areas of theatre which you have studied (ex: direction, etc.) \_\_\_\_\_

Please list any other related experience you have had in the area of theatre (Ex: awards, summer programs, competitions, special programs, internships, etc.) \_\_\_\_\_

After graduation, are you interested in pursuing theatre at a college or conservatory \_\_\_ Yes \_\_\_ No

To be completed by home school district Guidance Counselor

This student is an applicant for: \_\_\_ Full Day \_\_\_ Half Day \_\_\_ To Be Determined

Has this student ever been classified by your school district CSE? \_\_\_ Yes \_\_\_ No

Is this student currently classified by your school district CSE? \_\_\_ Yes \_\_\_ No

(If yes, please attach a copy of current Individual Education Plan)

Has this student ever had 504 Accommodations? \_\_\_ Yes \_\_\_ No

Does this student currently have 504 Accommodations? \_\_\_ Yes \_\_\_ No

(If yes, please attach a copy of the current 504 Plan)

Guidance Counselor Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Guidance Counselor Name (please print) \_\_\_\_\_

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**STUDENT QUESTIONNAIRE** (Please print)

**~ PLAYWRITING ~**

Student's Name \_\_\_\_\_

Family Name (if different) \_\_\_\_\_ School District Name \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade as of **September 2010** \_\_\_\_\_

Name of School \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Writing Instructor: In School \_\_\_\_\_ Out of School \_\_\_\_\_

Major area of interest in writing: (circle) Poetry Playwriting Fiction Non-Fiction Film Other \_\_\_\_\_

Please list areas of writing which you have studied (ex: poetry, etc.) \_\_\_\_\_

Please list any other related experience you have had in the area of creative writing (Ex: awards, summer programs, competitions, special programs, internships, etc.) \_\_\_\_\_

After graduation, are you interested in pursuing writing at college \_\_\_ Yes \_\_\_ No

To be completed by home school district Guidance Counselor

This student is an applicant for: \_\_\_\_\_ Full Day \_\_\_\_\_ Half Day \_\_\_\_\_ To Be Determined

Has this student ever been classified by your school district CSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this student currently classified by your school district CSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please attach a copy of current Individual Education Plan)

Has this student ever had 504 Accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this student currently have 504 Accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please attach a copy of the current 504 Plan)

Guidance Counselor Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Guidance Counselor Name (please print) \_\_\_\_\_

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**STUDENT QUESTIONNAIRE** (Please print)

**~ DANCE ~**

Student's Name \_\_\_\_\_

Family Name (if different) \_\_\_\_\_ School District Name \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade as of **September 2010** \_\_\_\_\_

Name of School \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Do you take private lessons?  Yes  No Number of years of study \_\_\_\_\_

Years of:  Ballet  Modern  Jazz Number of Classes Per Week:  Ballet  Modern  Jazz

Dance Instructor: In School \_\_\_\_\_ Out of School \_\_\_\_\_

Have you taken part in any dance presentations  Yes  No Place: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever sustained an injury?  Yes  No Describe injury \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any other related experience you have had in the area of dance (Ex: awards, summer programs, competitions, special programs, internships, etc.)

\_\_\_\_\_  
\_\_\_\_\_

After graduation, are you interested in pursuing dance at a college or conservatory  Yes  No

To be completed by home school district Guidance Counselor

This student is an applicant for:  Full Day  Half Day  To Be Determined

Has this student ever been classified by your school district CSE?  Yes  No

Is this student currently classified by your school district CSE?  Yes  No

(If yes, please attach a copy of current Individual Education Plan)

Has this student ever had 504 Accommodations?  Yes  No

Does this student currently have 504 Accommodations?  Yes  No

(If yes, please attach a copy of the current 504 Plan)

Guidance Counselor Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Guidance Counselor Name (please print) \_\_\_\_\_

\_\_\_\_\_

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239 Cold Spring Road, Syosset, New York 11791, (516) 622-5678  
[www.lihsarts.org](http://www.lihsarts.org)

Dear Student:

The Board of Cooperative Educational Services of Nassau County is scheduling auditions for students interested in attending the Long Island High School for the Arts.

The Long Island High School for the Arts is designed for students in grades 9, 10, 11 and 12 who are talented in the arts – art, dance, drama, musical theatre, vocal music, instrumental music, playwriting, film and theatre technology and who wish to continue these studies at a school high education and pursue the arts as a profession.

The program is individualized and students receive a specialized academic study of their art form with outstanding professionals through workshops, classroom experiences, small group instruction and ensemble work.

The high school has **full day** and **half day** programs. Some students attend for one half of each school day and the other half return to their high school to complete their other academic courses. Other students may elect, with their school district's approval, to attend the high school for a full day meeting all the academic requirements for graduation. The option is available to students in grades 9, 10, 11 and 12. Some courses offered to students in each department are:

**ART:** Advanced Placement Studio Art, Advanced Drawing, Advanced Painting, Anatomy and Design, Art History, Photography, Sculptural Anatomy, Figure Drawing, Portfolio Preparation, Computer Graphics, Film and Animation.

**DANCE:** Ballet, Modern, Jazz, Dance History, Body Conditioning, Ethnic Dance, Composition and Audition.

**DRAMA:** Acting Techniques, Theatre History, Improvisation, Movement for Actors, Musical Theatre, Vocal Communication, Theatre Dance Ensemble, Scene Study and Audition.

**FILM:** Feature-length and Short-form Screenwriting, Creative Writing, Hands-On Film Production Workshops (shooting short films), Documentary Filmmaking, Non-Linear Editing, Film Analysis and Criticism, Acting for film, Computer Animation & Graphics.

**MUSICAL THEATRE:** Acting Techniques, Musical Theatre Ensemble, Theatre History, Improvisation, Vocal Communication, Sightsinging, Audition, Theatre Dance Ensemble, Scene Study and Cabaret.

**INSTRUMENTAL MUSIC:** Literature and Materials of Music (Music Theory, Music History and Eartraining), Advanced Placement Music Theory, Jazz History and Composition, Music Technology, Instrumental Ensembles, Sightsinging, Improvisation, Composition and Audition.

**PLAYWRITING:** Techniques of Playwriting, Creative Writing, Theatre History, Acting for Playwrights, Directing and Critique of Works in Progress, Screenwriting and Scriptwriting.

**VOCAL MUSIC:** Literature and Materials of Music (Music Theory, Music History and Eartraining), Advanced Placement Music Theory, Sightsinging, Vocal Ensembles in Classical, Jazz and Contemporary Music, Musical Theatre for Vocalists, History of Popular Music, Composition and Audition.

**THEATRE TECHNOLOGY:** Survey of Technical Theatre, Lighting Design, Sound Design, Computer Graphics, Theatre History, Advanced Drawing, Scenic Design, Costume Design, Stagecraft and Stage Management.

Most students have the opportunity to take electives in other departments. Seniors take additional classes in Audition and College Communications to prepare for college auditions and students in each department participate in Inter Arts Workshops.

If you are interested in auditioning for Nassau BOCES Long Island High School for the Arts, please complete this questionnaire and return it to your guidance counselor.

Sincerely,

Ava M. Favara, Principal

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**STUDENT QUESTIONNAIRE** (Please print)

**~ MUSICAL THEATRE ~**

Student's Name \_\_\_\_\_

Family Name (if different) \_\_\_\_\_ School District Name \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade as of **September 2010** \_\_\_\_\_

Name of School \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Do you take private lessons? \_\_\_ Yes \_\_\_ No Areas of study \_\_\_\_\_

Theatre Coach: In School \_\_\_\_\_ Out of School \_\_\_\_\_

Major area of interest: (circle) Drama, Comedy, Directing, Technical Theatre, Playwriting, Film Production, Other \_\_\_\_\_

Have you taken part in any productions ? \_\_\_ Yes \_\_\_ No

PRODUCTION	ROLE	WHERE	WHEN

Please list areas of musical theatre which you have studied (ex: voice lessons, monologue work, etc) \_\_\_\_\_

Please list any other related experience you have had in the area of theatre (Ex: awards, summer programs, competitions, special programs, internships, etc.) \_\_\_\_\_

After graduation, are you interested in pursuing theatre at a college or conservatory \_\_\_ Yes \_\_\_ No

To be completed by home school district Guidance Counselor

This student is an applicant for: \_\_\_\_\_ Full Day \_\_\_\_\_ Half Day \_\_\_\_\_ To Be Determined

Has this student ever been classified by your school district CSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this student currently classified by your school district CSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please attach a copy of current Individual Education Plan)

Has this student ever had 504 Accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this student currently have 504 Accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please attach a copy of the current 504 Plan)

Guidance Counselor Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Guidance Counselor's Name (please print) \_\_\_\_\_

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**STUDENT QUESTIONNAIRE** (Please print)

**~ FILM ~**

Student's Name \_\_\_\_\_ District \_\_\_\_\_

Family Name (if different) \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ **Grade as of September 2010** \_\_\_\_\_

Name of School \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Have you taken a film class? \_\_\_ Yes \_\_\_ No \_\_\_ Years of film study completed \_\_\_\_\_

Major area of interest in Film (i.e.) Directing \_\_\_\_\_ Writing \_\_\_\_\_ Camera Work \_\_\_\_\_

Editing \_\_\_\_\_ Animation \_\_\_\_\_ Other \_\_\_\_\_

Please list areas of film which you have studied (if any) \_\_\_\_\_

Have you have worked on a student or professional film \_\_\_\_\_

Please list any other related experience you have had in the area of film or TV (Ex: student film, your own film, summer programs, internships, competitions, TV Studio, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After graduation, are you interested in pursuing film at college \_\_\_ Yes \_\_\_ No

To be completed by home school district Guidance Counselor

This student is an applicant for: \_\_\_\_\_ Full Day \_\_\_\_\_ Half Day \_\_\_\_\_ To Be Determined

Has this student ever been classified by your school district CSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this student currently classified by your school district CSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please attach a copy of current Individual Education Plan)

Has this student ever had 504 Accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this student currently have 504 Accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please attach a copy of the current 504 Plan)

Guidance Counselor Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Guidance Counselor Name (please print) \_\_\_\_\_

