

West Virginia Governor's School for the Arts—Student Information			
Please print clearly in black ink. If you cannot print clearly, please have someone else complete this form. Do not print in the colored boxes. They are for directions only.			
Full Name			
Last		Suffix (Jr., Sr., III)	
First Name Middle Initial		Nickname (first name you want on your name tag)	
Date of Birth (mm-dd-yyyy) Age		Student's Cell Phone Number while at GSA	
Contact Information			
Street Address		Home Telephone	
City		E-Mail Address	
State and ZIP			
Gender (circle one)		Adult T-Shirt Size (circle one)	
Male Female		S M L XL XXL	
School School District (County)		College Education /Career Plans	
Name of High School Name of School's County		Intended Major	
Publicity Release			
The undersigned hereby grant permission to the West Virginia Governor's Honors Academy and West Liberty University to use identified photographs, video and audio recordings and press releases of the student for the purpose of publicity and other promotions including Internet publications. The student's name and address may be released to institutions providing educational excellence.			
Signature of Student		Signature of Parent/Guardian	
Date		Date	
Release from Liability			
The undersigned hereby release the West Virginia Governor's School for the Arts, the West Virginia Department of Education and the Arts and West Liberty University from any and all claims arising from the undersigned student's participation in the WVGSA.			
Signature of Student		Signature of Parent/Guardian	
Date		Date	
Consent to Participate			
The undersigned student hereby acknowledges that I have read the entire Handbook for Students and Parents and that I agree to participate fully in the activities of the Governor's School for the Arts. I also agree to follow the rules set by the Academy dean. I fully understand that I am not to use my cell phone <i>for any purpose</i> while I am in class or in a planned activity and that I am to wear my name tag at all times when I'm out of the dormitory.		The undersigned parent/guardian hereby consents to my child's participation in the GSA. I have discussed behavior expectations with my son/daughter, and I have read the accompanying handbook. I assume personal responsibility for any costs of medical attention or injuries my child may sustain. I am attaching a photocopy of my health insurance/hospitalization card.	
Signature of Student		Signature of Parent	
Date		Date	

