

**PiM Arts High School Enrollment Form**

**Please complete all areas.**

**Year of Enrollment** (please circle)

2018-2019

2019-2020

**Student's Full Name**

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

**Address**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Providence / Region

\_\_\_\_\_  
ZIP / Postal Code

**Student Phone** \_\_\_\_\_ **Student Email** \_\_\_\_\_

**Student's CURRENT grade** \_\_\_\_\_ **Student's Current School** \_\_\_\_\_

**Indicate Art Major** (please circle)

Instrumental Music   Vocal Music   Theatre   Dance   Musical Theatre   Media Arts   Visual Art

If Instrumental Music, list instrument(s)

\_\_\_\_\_  
**Parent 1/Guardian Full Name**

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

**Address** (if different from student)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Providence / Region

\_\_\_\_\_  
ZIP / Postal Code

\_\_\_\_\_  
Country

**Email** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Parent 2/Guardian Full Name**

\_\_\_\_\_  
First Middle Last

**Address** (if different from student)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City State / Providence / Region ZIP / Postal Code

\_\_\_\_\_  
Country

**Email** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

Preferred Communication/Notification Method (please circle)      Email      U.S. Postal Service

Mail or Fax Completed Enrollment Form To:

**Enrollment**  
**PiM Arts High School**  
**7255 Flying Cloud Drive**  
**Eden Prairie, MN 55344**  
**Phone: 952-224-1340**  
**Fax: 952-224-2955**