



ARTS MACKENZIE STATEMENT OF UNDERSTANDING

I understand that:

I will be auditioned and interviewed to be considered for the Arts Mackenzie Program.

I am responsible for submitting all necessary documentation to support my Arts Mackenzie application.

I will be required to complete my school's application process in order to be accepted into the Arts Mackenzie program. Arts Mackenzie requires me to spend considerable time in the community and as such I will represent the school in a favourable manner acting in accordance with the school's student code of conduct.

In order to be awarded a York Region District School Board Specialized Arts Certificate, I must successfully complete eight Arts Mackenzie courses in my chosen discipline over the duration of four years.

Arts Mackenzie is a collaborative program, requiring my full participation in classroom activities, supporting rehearsals, and performances/exhibitions.

During my time at Arts Mackenzie, I will be a positive collaborator, encouraging myself and my peers to learn through my artistic discipline.

Consistent attendance during the four years of study at Arts Mackenzie is required for success in the program.

There will be a variety of experiential learning opportunities in the form of field trips and guest artist workshops during my four years at Arts Mackenzie. Some of these opportunities will come at an additional cost and will require me to be absent from school. All experiential learning opportunities will be advertised well in advance for planning purposes.

I am responsible for transportation to and from Arts Mackenzie.

I may have to wear prescribed clothing for parts of this program (e.g. rehearsal attire, program clothing for public performances).

STUDENT SIGNATURE

I have read the **Arts Mackenzie Statement of Understanding** and I understand my responsibilities. I also understand that failure to comply with these responsibilities may result in probationary measures or my removal from the Arts Mackenzie program.

Student Signature

Date

PARENT/GUARDIAN SIGNATURE

I have reviewed the **Arts Mackenzie Statement of Understanding** and I agree to support my child's role in the Arts Mackenzie program.

Parent/Guardian Signature

Date