**Advanced South Eagle Theatre Information**

Ms. Robden Phillips

South Eagle Theatre

South Forsyth Middle School

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Thank you for requesting to be a member of Advanced South Eagle Theatre! This class requires students that are dedicated, trustworthy, academically solid, responsible, kind, hardworking, and team players We need the best of the best as Advanced Drama students are to become the leaders in our theatre program. We are looking to assemble a Group that is **dedicated** and **committed** to working towards creating memorable productions. As a member of South Eagle Theatre you must be able to focus on a number of tasks. You are required to be at all rehearsals that you are scheduled for. If you miss 3 or more rehearsals without notice or cannot follow the rules and behavior, you may be removed from the group. This will be decided on a case-by-case basis. SET students must have the ability to communicate and collaborate with peers and must be able to work as a member of a highly complex team.

**By signing up for Advanced South Eagle Theatre, you are aware that you will be held to a high standard:**

* I understand that I am part of an elite and select group of students.
* I understand that in class I am expected to work hard and be a self-motivator to improve my own performance and the performance of the ensemble.
* I understand that I am a valued member of this ensemble and by being a member of the ensemble; I will be giving and receiving constructive critiques of my and other performances. I will be kind and remember that it is my own opinion that I am giving.
* I understand that class attendance is extremely important.
* I understand that **attendance at performances is mandatory**.
* I understand that I must be ready to work hard, be collaborative, be cooperative, and be cheerful.

**Advanced South Eagle Theatre Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Going In To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact In Case of Emergency: Name and Number**

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**Why do you think you are a good choice for the Advanced South Eagle Theatre Program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**If accepted for the Advanced South Eagle Theatre Program would you prefer to be a performer or part of the tech program?**

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**I have read all the Advanced South Eagle Theatre information. I understand the expectations of an Advanced South Eagle Theatre student and agree to follow them.**

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have read all the Advanced South Eagle Theatre information. I understand the expectations set forward and agree to support my child in this program.**

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**