

CHAPARRAL STAR ACADEMY

COMMUNITY-BASED FINE ARTS PROGRAM SUBSTITUTION APPLICATION

Student Name: _____

Address: _____

Parent Home Phone: _____ Parent Work Phone: _____

Contact E-mail: _____

Application for Which Semester? Fall _____ Spring _____

Agency Site Name where the student participates: _____

Course for which student is applying for credit: _____

Address of where student participates: _____

Student's Instructor: _____ Contact Phone Number: _____

Contact E-mail: _____

**MUST BE ATTACHED
TO THIS FORM**

- 1.) Summary of qualifications of instructor (e.g. resume)
- 2.) A brief explanation of the activity
- 3.) A log of projected time spent toward activity

By signing this form, we state that we acknowledge the understanding that this program will substitute for a course that may be required for graduation, and that failure to complete the requirements or submit information in a timely manner could hinder the graduation plan. We also certify that the student will participate in the aforementioned CBFAP.

Student Signature

Date

Parent/Guardian Signature

Date

Instructor Signature

Date