

# CHAPARRAL STAR ACADEMY

## COMMUNITY-BASED FINE ARTS PROGRAM VERIFICATION OF PARTICIPATION

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: \_\_\_\_\_

*By signing this form, we state that the student listed above DID PARTICPATE IN THE STATED ACTIVITY DURING THE RESPECTIVE SEMESTER. 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.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

**The student will not receive CBFAP credit toward high school graduation until this form is received & verified.**