

ARISTA APPLICATION

Due by March 4, 2019

PLEASE PRINT ALL INFORMATION CLEARLY IN INK

NAME OF APPLICANT _____ ATS CLASS _____

DATE OF APPLICATION _____

* **Verification of Items 1-7 by ATS teacher.**

* **Please refer to Items 1-7 of Page 1 before signing and verifying accuracy of grades.**

ATS Teacher's Signature

Assistant Principal's Signature

Dean's Signature

Recommending Teachers

Comments

1. _____

2. _____

3. _____

TO BE COMPLETED BY STUDENT

I have performed the following service for the school and/or community:

<u>Type of Service</u>	<u>Date</u>	<u>Verifying Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand the responsibilities of Arista and the obligations required by membership.

Student's Signature

Parent's Signature

----- **Do Not Write Below This Line** -----

6th _____

7th _____

8th _____