

Declaration of Legal Residence

Applicant Instructions: Please type or print in blue or black ink. Include this form in your application portfolio or email with documents to admissions@msabrookhaven.org.

Applicant Name: _____
First Middle Last

Applicant School: _____

Parent/Guardian(s) Name _____ Phone () _____

Address of Home: _____
Street Address, PO Box is not acceptable City State Zip

- I. Upon admission, students will be required to provide two documents for proof of residency as prescribed by the Mississippi Department of Education. All students must be legal residents of the state of Mississippi to enroll. Those documents will be listed for you with the enrollment package.
- II. A student who is living with a legal guardian under a Court Decree must provide a copy of the Court Decree or Legal Custody Agreement.
- III. A student whose parents are in the military and declare Mississippi as their legal residency must submit a Military Power of Attorney if they are not currently living in the state of Mississippi.

I declare that my legal residence to be that given above. I understand that if accepted, a pupil is not legally enrolled in Mississippi school of the Arts until this form is completed and signed by the parent/guardian and all documents must be provided prior to enrollment. I understand a student admitted under false information is not legally enrolled and subject to penalty. I hereby certify that the information given above is a true and accurate statement of my legal residence.

Signature of Parent/Guardian

Date

Confidentiality Agreement

If the applicant identified below is selected to advance to the on-site audition for admission to Mississippi School of the Arts (MSA), the applicant will be given access to certain information that is confidential and the sole property of MSA. To adequately protect MSA's proprietary rights and to prevent the unauthorized disclosure of MSA Confidential Information to others, MSA requires that applicants sign this agreement before performing any work on behalf of MSA or participating in any exchange of confidential information.

The undersigned applicant hereby agrees to the following terms and conditions:

1. The applicant acknowledges that information about the assessment process is disclosed to the applicant in trust and in the strictest confidence.
2. The applicant shall not discuss MSA Confidential Information with any potential MSA applicants or third parties.

Applicant Signature

Date

Parent/Guardian Signature

Date