

**Ceramics IIIA/IV**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Class of:** \_\_\_\_\_

**Ceramics IIIA-B/IV REGISTRATION & APPROVAL FORM**

**Please fill out this form and get it signed by Ms. Grodkiewicz and submit to Guidance counselor prior to registering for this class.**

**\*\* PREREQUISTES FOR Ceramics IIIA-B/IV – Ceramics I, Ceramics II, Ceramics IIIA-B\*\***

Please list the art classes, which you have taken at VHS or another high school.

(If you have taken private lessons you may list them as well.)

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Are you prepared to work with clay every day for a full 40 minutes for the entire school year?

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What skills do you hope to improve upon in this class?

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Are you interested in attending art school or entering a creative profession? If yes, what profession? If no, what are your future plans?

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In a few sentences, explain why you want to take Ceramics IIIA/IV?

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**Student's signature**

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**Date**

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**Ms. Grodkiewicz's Signature**

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**Date**