



Orchestral Academy

# APPLICATION FORM

- DORAL CHAPTER
- LITTLE HAITI CHAPTER

## APPLICANT INFORMATION

Applicant's Name .....

Mailing Address .....

Date of Birth ..... Age ..... Grade / Year .....

School Attending .....

## PARENTS / LEGAL GUARDIANS INFORMATION

Mother/Guardian's Name ..... E-mail .....

Home Phone ..... Work Phone ..... Cell Phone .....

Father/Guardian's Name ..... E-mail .....

Home Phone ..... Work Phone ..... Cell Phone .....

## EMERGENCY INFORMATION

Alternative Contact's Name .....

Home Phone ..... Work Phone ..... Cell Phone .....

Allergies/Special Health Considerations .....

## MUSIC EDUCATION INFORMATION

Does the applicant play an instrument?  yes  no If yes, what instrument? .....

How many years has the applicant played the instrument? .....

Is the applicant receiving private lessons?  yes  no Teacher's Name .....

Does the applicant own his/her instrument?  yes  no If no, can the applicant afford to buy an instrument?  yes  no

Parent Signature ..... Print Name ..... Date .....

MMP ONLY <input type="checkbox"/> Music Initiation <input type="checkbox"/> Corelli <input type="checkbox"/> Vivaldi <input type="checkbox"/> Mozart <input type="checkbox"/> Instrument:
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