

Part I To be completed by Parent/Guardian

Student's Name _____

Age _____ Grade _____ Studio Teacher _____

Telephone _____ Email _____

Return **completed** form to Allie Whittle, registrar, with \$25 registration fee
Due by Dec. 15, 2011

Cash _____ Check _____ Credit Card _____ Security Code _____

_____ Exp _____ / _____ / _____

Signature _____

Part II To be completed by Studio Teacher

Technical background _____

Scales and etudes currently being studied _____

Repertoire in progress _____

Last pieces studied _____

Name of ensemble or chamber group student is currently enrolled in (if applicable) _____

I recommend this student for level:

- | | | | |
|-------------------------------------|------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Prelude I | <input type="checkbox"/> Bronze I | <input type="checkbox"/> Silver I | <input type="checkbox"/> Gold I |
| <input type="checkbox"/> Prelude II | <input type="checkbox"/> Bronze II | <input type="checkbox"/> Silver II | <input type="checkbox"/> Gold II |
| | | <input type="checkbox"/> Silver III | |

Teacher signature _____