

**WEST HIGHLAND ACADEMY OF MUSIC**  
**STUDENT APPLICATION**



NAME: \_\_\_\_\_  
(Please Print)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH (if under 18): \_\_\_\_\_

EMAIL: \_\_\_\_\_

By checking this box I consent to West Highland Church sending me electronic messages. I understand I can withdraw my consent at any time by replying to the email and inserting "unsubscribe" in the subject line.

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

RECEIPTS WILL BE ISSUED IN THE NAME OF: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

HEALTH ISSUES: \_\_\_\_\_

REQUESTED LEVEL AND AREA OF STUDY:

Instrumental/Vocal:  Beginner to Grade 7 \_\_\_\_\_  Grade 8-9-10 \_\_\_\_\_

Basic Conducting Techniques:

I will be preparing for a Royal Conservatory Exam:  YES  NO

Preferred Day/Time/Teacher:

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_

PREVIOUS EXPERIENCE (years of playing/singing etc.) and Grade Level: \_\_\_\_\_

NAME OF MUSIC SCHOOL AND TEACHER:

\_\_\_\_\_

Completion of this section will constitute authorization of registration.

PARENT/GUARDIAN/STUDENT (over 18) NAME or SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_