

Young Artists School of Piano

Application Form

Applicant's Name: _____ Date of Birth: _____ Age: _____

Home Phone _____ Address: _____

Guardian's Name: _____ email: _____

Guardian's Work Phone _____ Cell# _____

RCM Piano Grade Completed: _____ RCM Rudiments Grade Completed: _____

Non RCM Piano Level Completed: _____ Text Books Used: _____

Piano Teacher's Name: _____

Audition Piece #1. _____ Composer: _____

Comments:

Audition Piece # 2. _____ Composer: _____

Comments:

Music Director: _____ Date: _____

Please let us know: You are using piano _____, digital piano _____, keyboard _____ to practice

Your Guardian wants to be a member in the Parents Committee Yes _____, No _____