

Experience It Yourself!

School of Choral Studies Student Application Form



I wish to participate in the auditions for the 2015 School of Choral Studies.

- Select Audition Site:**
- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="radio"/> Binghamton Area | <input type="radio"/> Buffalo Area | <input type="radio"/> Capital District |
| <input type="radio"/> Mid-Hudson Area | <input type="radio"/> Nassau County | <input type="radio"/> New York City |
| <input type="radio"/> Northern Area | <input type="radio"/> Rochester Area | <input type="radio"/> Suffolk County |
| <input type="radio"/> Syracuse Area | | |

PLEASE PRINT CLEARLY

Student's Name	Age	Date of Birth	Gender
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Current Street Address	City	State	Zip Code	County
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Student Cell Phone	Student Email	Current Grade
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Parent Cell Phone	Parent Email	Parent Home Phone
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School	Principal	School Telephone
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School Address	City	State	Zip Code
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Choir Director/Music Teacher	Email Address	School Telephone
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Private Voice Teacher (if applicable)	Email Address
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Preferred Voice Part Soprano Alto Tenor Bass

Have you attended the School of Choral Studies in the past? Yes No

Please list the instruments you play: _____

Please indicate the NYSSMA Festivals (All-State, Area All-State) or other honors groups and dates in which you participated:

(Please Turn Over for Part II)

