



### 2009-2010 APPLICATION FORM

Complete one form per student. For additional forms, please photocopy or download from our website.

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_

Gender  M  F Student is  RETURNING  NEW  60 YEARS OF AGE OR OLDER (For Individual Instruction Discount)

Date of Birth (18 years of age and younger) \_\_\_\_\_ Age as of Sept. 1, 2009 \_\_\_\_\_ Grade in School as of Sept. 2009 \_\_\_\_\_

**HOME ADDRESS (1)**

**HOME ADDRESS (2)**

Street/Apt \_\_\_\_\_ Street/Apt \_\_\_\_\_

City, State & Zip \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_

Phone numbers, email addresses, and home addresses will be used for class lists & school communication purposes unless we are notified in writing to the contrary.

How would you prefer to have your mail addressed?

Mr. and Mrs. \_\_\_\_\_ or \_\_\_\_\_

Send billing statements to home address (1) \_\_\_\_\_ or (2) \_\_\_\_\_ Send school mailings to home address (1) \_\_\_\_\_ or (2) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
If applicable If applicable

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employer's Address \_\_\_\_\_

Job Title \_\_\_\_\_ Job Title \_\_\_\_\_

Work Phone Number (\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Applicant is a Sibling of Current or Former Diller-Quaile Student  Yes  No

Names of Family Members who are Current or Former Diller-Quaile Students \_\_\_\_\_

Would you like to receive information about need-based financial aid?  Yes  No

How did you hear about Diller-Quaile? \_\_\_\_\_

### EARLY CHILDHOOD CLASSES (Infants – 7 Years of Age) - \$60 application fee required

List Preferred Classes By Number: 1<sup>ST</sup> Choice: 2<sup>ND</sup> Choice: 3<sup>RD</sup> Choice:

Will you accept any age-appropriate class available?  YES  NO

Primary language your child hears/speaks at home \_\_\_\_\_

Is there anything you would like to share that would be helpful in making an appropriate class assignment for your child?

### INSTRUMENT and VOICE STUDY (Youth, Teens, and Adults)

**\$60 application fee required**

Primary Instrument \_\_\_\_\_ Secondary Instrument \_\_\_\_\_

Preferred Lesson Length for 2009-2010 \_\_\_\_\_ Current Lesson Day & Time \_\_\_\_\_

**ADULTS ONLY:**  Fall Semester  Spring Semester  Both semesters

For each day, please list your earliest available start time and latest end time:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
From: _____	From: _____	From: _____	From: _____	From: _____	From: _____
To: _____	To: _____	To: _____	To: _____	To: _____	To: _____

All school-age students in the Instrumental and Vocal Department will be assigned a musicianship class based on age and level.

