



The Diller-Quaile School of Music
 24 East 95th Street, New York, NY 10128
 212-369-1484
 www.diller-quaile.org

2010-2011 High School Certificate Program Application Form

Returning Students and New Applicants Entering the Tenth or Eleventh Grades

Student's Last Name _____ First _____

Gender M F Date of Birth _____ Age as of Sept. 1, 2010 _____ Grade in School as of Sept. 2010 _____

Primary Instrument _____ Secondary Instrument _____

Audition Dates: Please indicate your order of preference.

Saturday, May 15, 2010 Friday, May 21, 2010 September 2010 (dates to be announced)

HOME ADDRESS (1)

HOME ADDRESS (2)

Street/Apt _____ Street/Apt _____

City, State & Zip _____ City, State & Zip _____

Home Phone Number (_____) _____ Home Phone Number (_____) _____

Primary Email Address: _____

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

How would you prefer to have your mail addressed? _____

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

Parent/Guardian _____ Parent/Guardian _____

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 _____

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

How did you hear about Diller-Quaile? _____

NEW APPLICANTS - Please complete the following in full.

Changes in audition repertoire may be made up until the day preceding the audition.

Primary Instrument _____ Years of Study _____ Current Teacher _____
 Audition Repertoire 1. _____ 2. _____

Secondary Instrument _____ Years of Study _____ Current Teacher _____
 Audition Repertoire 1. _____ 2. _____

Please list your previous music study here. Note instruments studied and how long, teachers, ensemble experience, etc.

ALL APPLICANTS - Please list the earliest possible arrival time for each day for the 2010-2011 academic year. High school classes are often held into the evening. Final decisions regarding admission and appropriate class placement are at the discretion of the School.

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

ACADEMIC SCHOOL: _____ DISMISSAL TIME: _____

If you have early or late dismissal from school, please note the day and time: _____

DILLER-QUAILE IS NOT ABLE TO MAKE SCHEDULE CHANGES TO ACCOMMODATE ACTIVITIES SCHEDULED OUTSIDE OF THE SCHOOL.

I hereby make application for my child's admission to The Diller-Quaile School of Music. **I enclose a non-refundable, non-deductible application fee of \$60.00.** I understand that Diller-Quaile is unable to process incomplete applications or applications without the application fee. I have read the School's tuition and payment policy and agree to all its terms.

X _____
 REQUIRED Signature of Parent or Guardian _____ Date _____

The Diller-Quaile School of Music admits students of any race, color, national or ethnic origin, religion, gender, sexual orientation, or any other characteristic protected by law to all the rights, privileges, programs and activities generally accorded or made available to students at the School and the School does not discriminate on any such basis in the administration of its educational policies, admissions policies, scholarship program, and/or any other school program.

FOR SCHOOL USE ONLY:		Received by _____	Date _____	Check # _____	Fee \$ _____
Audition Date _____	Notification _____				
Lesson Instructor _____	Day _____	Time _____	Room _____		
Certificate Musicianship Class-Code _____	Day _____	Time _____	Room _____		
Repertoire Class-Code _____	Day _____	Time _____	Room _____		
Ensemble Class-Code _____	Day _____	Time _____	Room _____		
Ensemble Class-Code _____	Day _____	Time _____	Room _____		
Class-Code _____	Day _____	Time _____	Room _____		
Tuition rate \$ _____	Scholarship \$ _____	Total due \$ _____			
Received by _____	Date _____	Check # _____	Tuition \$ _____		
A) Registered in DQDB _____	Student billing _____	B) Scheduled in DQDB _____	Student billing _____		
Date _____ by _____		Date _____ by _____			