

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

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



HIGH SCHOOL CERTIFICATE PROGRAM 2011-2012 APPLICATION FORM

Complete one (1) form per student. For additional forms, please photocopy or download from www.diller-quaile.org.

Student's Last Name _____ First Name _____ Male Female

Date of Birth (under 18 yrs.) ____/____/____ Age as of Sept. 1, 2011 _____ Grade as of Sept. 2011 _____ Student is: RETURNING NEW

Primary Instrument _____ Secondary Instrument _____

Preferred Audition Date(s): Please indicate your order of preference.

Saturday, May 21, 2011

Friday, June 10, 2011

September 2011 (dates to be announced)

PARENT/GUARDIAN #1 _____ Relationship to Student _____

Primary Address _____ City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Employer _____ Job Title _____

Employer Address _____ Work Phone _____

PARENT/GUARDIAN #2 _____ Relationship to Student _____

Alternate Address (if different from above) _____ City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Employer _____ Job Title _____

Employer Address _____ Work Phone _____

Send billing statements to: Primary Address OR Alternate Address

Send school mailings to: Primary Address OR Alternate Address

How would you prefer to have your mail addressed? _____

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

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 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 (check or money orders only). I understand that incomplete applications or applications without the necessary fee of \$60 will not be processed. I have read and agree to the School's tuition and payment policy and agree to all its terms.

X _____
REQUIRED Signature of Adult Student, 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:	App. Fee Received by _____	Date _____	Check # _____	Amount \$ _____
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 _____	
Billing Information _____/30 Weeks	Tuition Rate \$ _____	Scholarship \$ _____	Total Due \$ _____	
Received by _____	Date _____	Check # _____	Tuition \$ _____	
A) Registered in DQDB <input type="checkbox"/>	Student billing <input type="checkbox"/>	B) Scheduled in DQDB <input type="checkbox"/>	Student billing <input type="checkbox"/>	
Date _____	by _____	Date _____	by _____	