

**WEST HIGHLAND ACADEMY OF MUSIC**  
**STUDENT APPLICATION**



NAME: \_\_\_\_\_  
(Please Print)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH (if under 18): \_\_\_\_\_

EMAIL: \_\_\_\_\_

By checking this box I consent to West Highland Church sending me electronic messages. I understand I can withdraw my consent at any time by replying to the email and inserting "unsubscribe" in the subject line.

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

**RECEIPTS WILL BE ISSUED IN THE NAME OF:** \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

HEALTH ISSUES: \_\_\_\_\_

REQUESTED AREA OF STUDY: \_\_\_\_\_  
(Piano, voice, instrument—please specify, theory, conducting, etc)

PREVIOUS EXPERIENCE (years of playing/singing etc.) and Grade level \_\_\_\_\_

NAME OF MUSIC SCHOOL AND TEACHER:  
\_\_\_\_\_

TIMES AND TEACHER(S) CHOSEN IN YOUR AREA OF STUDY FROM THE WESTHIGHLAND.ORG WEBSITE IN ORDER FOR THE ACADEMY TO SCHEDULE YOUR LESSON (please choose two alternatives to your first choice).  
\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WANT TO TAKE MUSIC LESSONS? \_\_\_\_\_

FAVOURITE TYPE OF MUSIC: \_\_\_\_\_

Completion of this section will constitute authorization of registration.

PARENT/GUARDIAN/STUDENT (over 18) NAME or SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_