



Application for Admission
to the
Chamber Music Program

Student _____ Gender _____

Phone _____ E-mail _____

Address _____

City _____ State _____ Zip _____ Birthdate _____

School _____ Grade _____ Age _____

Instrument(s) _____ Years studied _____

List any music groups / organizations you belong to, or any previous experience you may have had.

Father's Name _____ Occupation _____

Employer _____ Phone _____

Mother's Name _____ Occupation _____

Employer _____ Phone _____

Signature of Parent (Guardian) _____ Date _____

Mail your application to the State Street Academy office or FAX to 717.697.1543.