

| REQUEST FOR ADMISSION  |   |
|--|---|
| Date:  How did you hear about our institute?:                |   |
|  | _ |
| STUDENT INFORMATION  |   |
| Name: Last Name: Sex:  |   |
| Age: Interested in: Piano Voice Strings specify:             |   |
| Currently studying at:Grade:                                 |   |
| Languages: English Spanish Other, specify:                   |   |
| Previous studies in music?: Where?                           |   |
| Goals as musician:   |   |
|  |   |
| PARENTS DATA   |   |
|  |   |
| Mother Name: Cell: E-mail:                                   |   |
| Father Name: Cell: E-mail:                                   |   |
| How and when did your child begin to be interested in music? |   |
|  |   |
| TO BE FILLED OUT BY THE OPERA ATELIER                        |   |
| Input Profile: Assigned cycle:                               | _ |
| Audition Notes:  | _ |
| Recommended to start at cycle: Professor:                    | _ |
| Art & Creativity Coaching Initial Interview by: Date:        | _ |

<u>Note</u>: Please send a headshot photo and short biography to: contact@theoperaatelier.com