

# Rock Music Academy

A Division of DeMelfi School of Music

Application For Enrollment

STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

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

EMAIL \_\_\_\_\_ INSTRUMENT \_\_\_\_\_

MUSICAL PREFERENCES \_\_\_\_\_

\_\_\_\_\_

I CURRENTLY STUDY AT DEMELFI SCHOOL (Y/N) \_\_\_\_\_

I DO NOT CURRENTLY TAKE LESSONS \_\_\_\_\_

EXPERIENCE (List number of years and any performing experience):

MY MUSICAL GOALS ARE:

I WANT TO JOIN THE ACADEMY BECAUSE:

I have read and will abide by the policies of the Academy if I am accepted.

Signature (Parent if student is under  
18)\_\_\_\_\_Date\_\_\_\_\_