

**Scarsdale High School
Music & Performing Arts Department**

2020-2021

APPLICATION FOR APPLIED MUSIC CREDIT
Complete this form and return it to the Music & PA Office.

Date _____

We, the undersigned, request that

NAME OF STUDENT _____

DEAN _____ GRADE _____

be permitted to study for credit in the Applied Music Program, subject to the regulations governing credit stated in the New York State Handbook for Applied Music.

Instrument or voice to be studied _____

High school music course in which student is enrolled _____

Signed:

1. Student _____

Home Address _____

2. Parent _____ Phone # _____

3. Private teacher (PLEASE PRINT) _____

Address of private teacher _____

Email address _____ Phone # _____

Degree _____

Professional Preparation _____