WORLD SCHOOL OF MUSIC

MUSIC CLASS ADMISSION APPLICATION FORM

10126–115th St, South Richmond Hill, NY 11419

Academic Year: _____ **Application No.:** _____

STUDENT INFORMATION

Full Legal Name: _____

Date of Birth: _____ **Age:** _____

Gender: □ Male □ Female □ Other □ Prefer not to say

Social Security Number (SSN): _____ – _____ – _____

Home Address:

City: _____ **State:** _____ **ZIP:** _____

Student Phone:** _____

Student Email:** _____

SSN Privacy Notice

The Social Security Number is sensitive personal information. World School of Music should collect and retain an SSN only when there is a legitimate administrative or legal need to do so, with appropriate safeguards and limited access. Applicants should not provide an SSN unless requested for an authorized purpose.

PARENT / GUARDIAN INFORMATION

Parent/Guardian Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Home Address (if different):

EMERGENCY CONTACT

*Emergency Contact Name:** _____

*Relationship:** _____

*Phone Number:** _____

Alternative Phone:** _____

MUSIC PROGRAM INFORMATION

Instrument / Program

□ Piano
□ Keyboard
□ Guitar
□ Violin
□ Voice / Singing
□ Drums / Percussion
□ Music Theory
□ Other: _____

Class Preference

□ Private / Individual Lessons
□ Group Lessons

Student Level

□ Beginner
□ Intermediate
□ Advanced

Preferred Schedule

Preferred Day(s):**

□ Monday □ Tuesday □ Wednesday □ Thursday
□ Friday □ Saturday □ Sunday

Preferred Time:** _____

PREVIOUS MUSIC EXPERIENCE

Have you previously taken music lessons?**
□ Yes □ No

Instrument / Subject:** _____

Years or Months of Experience:** _____

Previous Music School / Teacher:** _____

Certifications, Exams, or Performances:**

TUITION & PAYMENT INFORMATION

Program / Course: _____

Lesson Frequency: □ Weekly □ Other: _____

Lesson Length: □ 30 min □ 45 min □ 60 min □ Other: _____

Admission / Registration Fee: $_____

Tuition: $_____ per □ Month □ Semester □ Course

Payment Method:
□ Cash □ Check □ Credit/Debit Card □ Other: _____

Payment Status: □ Paid □ Pending

STUDENT / PARENT-GUARDIAN AGREEMENT

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that admission and class placement are subject to the policies, availability, and requirements of World School of Music.

I agree to follow the school's rules and policies regarding attendance, scheduling, tuition payments, make-up lessons, conduct, and participation.

I understand that any personal information provided on this form should be used only for legitimate school administration and handled appropriately.

Student Name: _____

Student Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Admission Decision:
□ Accepted □ Pending □ Waitlisted □ Not Accepted

Student ID: _____

Program Assigned: _____

Level: _____

Teacher Assigned: _____

Class Day: _____

Class Time: _____

Start Date: _____

Registration Fee Paid: $_____

Tuition Paid: $_____

Payment Confirmation / Receipt No.: _____

Additional Notes:

Authorized Staff Name: _____

Signature: _____ **Date:** _____

WORLD SCHOOL OF MUSIC

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Email:**actrust7@gmail.com

Website:**actrustindia.com_

Please keep this completed form secure. Do not leave completed forms containing Social Security numbers unattended or transmit them through unsecured channels.