

**Scarsdale Public Schools
Performing Arts Department
Scarsdale High School
Scarsdale, New York**

2019-2020

APPLICATION FOR APPLIED MUSIC CREDIT

Complete this form and return it to the Performing Arts 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 _____ Telephone No. _____

3. Private teacher (PLEASE PRINT) _____

Address of private teacher _____

_____ Telephone No. _____

Degree _____

Professional Preparation _____

Four Quarterly Grade Reports and four Practice Records are included in this packet. The Grade Reports must be given to the private teachers and mailed by them according to the guidelines stated herein.