

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

**2024-2025**

**APPLICATION FOR APPLIED MUSIC CREDIT**

Complete this form and return it to the Music & PA Office by October 2, 2024.

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) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

Degree \_\_\_\_\_

Professional Preparation \_\_\_\_\_