

220 South Michigan Avenue Chicago, IL 60604-2559 TELEPHONE 312-294-3333 FACSIMILE 312-294-3329

PART II PARENT/GUARDIAN QUESTIONNAIRE

Na	me		Date
Ad	ldress_	GL (G.	
	Street Address	City/State	Zip Code
Pr	imary Phone()	Email	
Аp	pplicant (Student) Name		
Re	lationship to Student		
Nu	mber and ages of siblings		
Mo	other/Guardian's occupation		
Fa	ther/Guardian's occupation		
Co	ombined total earnings for 2024:\$15,	,000 or below\$15,000 - \$30,000	0\$30,000 - \$50,000
	\$50,	000 - \$70,000\$70,000 - \$100,00	00Over \$100,000
1)	Classes and lessons will be held on Satu your child to Orchestra Hall each week		re you able to accompany
	YesNo	<u> </u>	
2)	Please provide the name and phone numering emergency situation when you are unava.	ailable.	our child to class in an
	b		
	*Please note: It is essential that ea of their lesson to allow time for se		prior to the starting time
3)	Each student will be provided with a pra- willing to share with your child the resp instruments or materials that may be dis	onsibility for the safekeeping of the	
	Yes No	·	



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4) Students will be required to practice on their practice pads for at least 45 minutes per day. Are willing to remind and encourage your child to do this?				
	Yes	No		
5)		ation each day. Will your child have a ting neighbors and without distractions from		
	Yes	Where?	No	
	ease use the remaining space to consider when making of		nal information that you feel is importa	nt for
_				
Pat	rent or Guardian Signature		 Date	