

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

Na	me		Date
Ad	ldress Street Address		
	Street Address	City/State	Zip Code
Pri	imary Phone <u>()</u>	Email	
Ap	plicant (Student) Name		
Re	lationship to Student		
Nu	mber and ages of siblings		
Mo	other/Guardian's occupation		
Fa	ther/Guardian's occupation		
Co	mbined total earnings for 2023:\$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	5	re you able to accompany
	Yes No		
2)	Please provide the name and phone num emergency situation when you are unava a.	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	

PART II PARENT/GUARDIAN QUESTIONNAIRE

Yes_____ No_____

CHICAGO SYMPHONY ORCHESTRA ASSOCIATION

4) Students will be required to practice on their practice pads for at least 45 minutes per day. Are you willing to remind and encourage your child to do this?

Yes	No	

5) It is important that your child practice in the same location each day. Will your child have a time and place where they can practice without fear of disturbing neighbors and without distractions from other children, television, etc.?

Yes	Where?	No

Please use the remaining space to provide any additional information that you feel is important for us to consider when making our final selections.

Parent or Guardian Signature

Date