



community music school

# Student Application

*You may include more than one child from the same family on one form.  
You will need to submit a copy of your Federal Free & Reduced Lunch Approval Letter  
at the time your child(ren) is confirmed into a class.*

### Return Application by US mail to:

Community Music School  
P.O. Box 2545  
Raleigh, NC 27602

**Or by email:** [programassistant@cmsraleigh.org](mailto:programassistant@cmsraleigh.org)

**Fees:** \$1 per lesson, or \$15 per semester. All lesson fees must be paid in advance in payments of \$5, \$10, or \$15. Payment may be by cash or money order. Questions? Please call Community Music School at 919.832.0900 (extension #3).

### For office use only:

Received Date: \_\_\_\_\_

Initial Contact Date/Time: \_\_\_\_\_

Waiting List: Y / N \_\_\_\_\_

Follow Up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Paid Semester Fee \$15: Y/N** \_\_\_\_\_

### **Student Information:**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Street or Box Number

City

Zip Code

School Attending: \_\_\_\_\_ Grade (in the fall): \_\_\_\_\_

Is student in band or string program? \_\_\_\_\_ Which instrument? \_\_\_\_\_

Instrument studied previously, if any: \_\_\_\_\_

Instrument child wishes to study, now (list 3 in order of preference): \_\_\_\_\_

*(Please note that we try to follow your preferences, but class/teacher schedules sometimes require other instrument/class offerings.)*

Does student have daily access (in home) to this instrument? \_\_\_\_\_

If not, will you child need a CMS loaned instrument? \_\_\_\_\_

*For Piano Students:* If you own an acoustic "real" Piano, has it ever been tuned? \_\_\_\_\_

If so, approximately when: \_\_\_\_\_

Is your child(ren) currently approved for the Federal Free and Reduced Lunch Program at your school? \_\_\_\_\_

Is a copy of the approval letter attached or will the letter be provided at the time of enrollment confirmation? \_\_\_\_\_

*(Note: Free/Reduced Lunch Approval Letter is required to be eligible for enrollment. Please contact the office if there are questions.)*

### **Parent/Guardian information:**

Name of adult with whom student lives: \_\_\_\_\_

Relationship (parents, grandparent, guardian, etc.): \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Number: \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Do you or your children have relatives in the program? If yes, please name: \_\_\_\_\_

*Please include any additional notes on the back of this application.*

### **Scheduling Requests:**

Scheduling requests will be taken into consideration, but cannot always be accommodated. Please indicate your "top 3 choices" for lessons. Please note that you may not receive your first choice. If you have open availability, please indicate that as well.

Lessons times are currently Thursdays or Fridays 4:00-8:00 and Saturdays 10:00am-2:00pm and last 30 minutes. Additional times may be added.

Please indicate your top 3 time preferences: \_\_\_\_\_

Are you available for lessons anytime? Yes / No \_\_\_\_\_