

BERKLEE COLLEGE OF MUSIC
President's Office of Education Outreach
Office phone: 617 747-6058

2011-2012 Application: City Music Preparatory Academy

Please print.

First name: _____ Last name: _____ Date of birth: _____ Age: _____

Gender: M / F Ethnicity: _____ Current school: _____ Grade in the fall 2011: _____

Address: _____ City _____ State: _____ Zip: _____

Home phone#: _____ Parent contact#: _____ Student cell#: _____

Primary Instrument(s): _____ Secondary Instrument _____ Years of experience: _____

Teacher(s): _____ Head of household: _____ Number in household: _____

Occupation (head of household): _____ Parent email: _____

Main languages spoken at home: _____

What is your favorite music to listen to and/or play? _____

List a few musicians/singers that have influenced you: _____

How often do you practice? _____

Have you considered attending a performing arts high school? _____

Have you heard of the Boston Arts Academy? _____

Would you like to receive more information about the performing arts high school? _____

Have you heard about Berklee College of Music? _____

How did you learn about the City Music program / who referred you?: _____

Applicant name (print): _____ Date: _____

Applicant signature: _____

Parent/guardian name (print): _____ Date: _____

Parent/guardian signature: _____

Please return to:
City Music Recruitment & Enrollment Coordinator
Berklee City Music Boston
1140 Boylston Street, MS-899 EDCOM
Boston, MA 02215

Berklee City Music is in compliance with 201 CMR 17.00. To ensure the protection of personal information all applications are processed and confidentially contained.