

FORM AND REGISTRATION FEE OF £30 TO BE SUBMITTED NO LATER THAN 11 DECEMBER 2009.

CHEQUES TO BE MADE PAYABLE TO RSAMD.

PLEASE ATTACH A PASSPORT SIZE PHOTO OF THE APPLICANT TO THE FORM.

# Junior Academy of Music

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age last birthday \_\_\_\_\_

School Attended \_\_\_\_\_ School Year \_\_\_\_\_

Local Authority \_\_\_\_\_

Present instrumental studies & number of years studied

1) _____	Years _____
2) _____	Years _____
3) _____	Years _____

Name(s) of teachers \_\_\_\_\_

Associated Board (or equivalent)	Subject	Grade	Result	Date
Practical exams passed	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Associated Board (or equivalent)	Subject	Grade	Result	Date
Theory exams passed	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Instrumental Studies to be pursued Junior Academy

1) _____	2) _____
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Contd/

**State intended career** (if known) \_\_\_\_\_

**Have you passed -** Higher Grade Music \_\_\_\_\_ Standard Grade Music \_\_\_\_\_

**Do you intend to sit the above exams** \_\_\_\_\_ **Anticipated date of leaving school** \_\_\_\_\_

**If you are sitting Standard or Higher examinations please list the subjects below**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**List any bands or orchestras that you are a member of:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Give details of any special needs, arising from a disability, medical condition, or specific learning disability, that might necessitate special arrangements or facilities either for audition or if offered a place.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**State where, or from whom you first heard of the Junior Academy eg Teacher (state whether at school or privately), press advertisements (state title of publication) or other source.**

\_\_\_\_\_

\_\_\_\_\_

**Present music teacher who recommends this applicant**

Name \_\_\_\_\_ Signature \_\_\_\_\_

**Signature of Parent/Guardian**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

To be returned by 11 December with £30 registration fee and a passport size photo to:

Administrator  
Junior Academy of Music  
Royal Scottish Academy of Music and Drama  
100 Renfrew Street  
Glasgow, G2 3DB