

APPLICANT INFORMATION				
Name:				
Date of birth:	SSN:	Present Age:		
Current address:				
City:	State:	ZIP Code:		
Home Phone:	Gr	Grade applying for:		
ACADEMIC INFORMATION				
Present School:				
School Address:		School Phone:		
City:	State:	ZIP Code:		
Name of Principal:	Name of Music Director:			
FATHER/ GUARDIAN				
Name:		Home Phone:		
Home Address:		Cell Phone:		
City:	State:	Zip Code:		
Email:				
Place of Employment:				
Position or Title:				
Business Address:				
Business Phone:	Email:	Fax:		
MOTHER/GUARDIAN				
Name:		Home Phone:		
Home Address:		Cell Phone:		
City:	State:	Zip Code:		
Email:				
Place of Employment:				
Position or Title:				
Business Address:				
Business Phone:	Email:	Fax:		



PARENT/STUDENT QUESTIONNAIRE

Please list the names of any friends or relatives who have graduated from or are currently attending the Newark Boys Chorus School:							
					How did you first learn of the No	ewark Boys Chorus School? (i.e., ¡	particular
individual/s,newspaper, TV, advername and address if possible.)	rtisement, performance. Please be sp	pecific—If a person, please list					
In your spare time, what types of arts, reading, music, etc.)	of activities do you enjoy and why	? (i.e., sports, visual					
To be completed by Student:							
• •	become a member of the Newark	•					
what you expect to receive from	n your experience with us. (Be sure	e to mention the aspects of our					
school that interest you most and	why.)						
Applicant Name	Signature:	Date:					
Parent/Guardian Name	Signature:	Nate:					