



HAMPTON
Senior High School

YEAR 7 MUSIC APPLICATION THIS FORM IS OPTIONAL

Please complete either **PART A** or **PART B** on this form and return it to Administration Services or via email to: Hampton.shs@education.wa.edu.au

STUDENT NAME: _____

PRIMARY SCHOOL: _____

Parent/Guardian: _____ **Date:** _____

Email: _____

PART A: ONGOING IMSS STUDENTS

*(Please complete **PART A** for students who are currently in the IMSS Program in primary school and intend to continue in the IMSS Program in high school)*

Instrumental Teacher: _____

Parent signature: _____

Student signature: _____

Instrument:

Brass: Trumpet / Trombone

Clarinet

Voice

Flute

Guitar

Other

PART B: BEGINNER INSTRUMENTAL PROGRAM

*(Please complete **PART B** for students wishing to be considered for an audition and possible inclusion in the Beginner Instrumental Program ONLY)*

Parent Signature: _____

Student Signature: _____

Instrument Choice

Students will only learn one instrument but may indicate 1-3 choices to audition (in case all options are not available).

Brass: Trumpet / Trombone

Clarinet

Flute

Guitar

Voice

Other