



# St Michael's Choir School

## AUDITION BOOKING REQUEST

please email to: [admissions@smcs.on.ca](mailto:admissions@smcs.on.ca)

Parent's First Name: \_\_\_\_\_

Parent's Last Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Is your son studying an instrument? \_\_\_\_\_

Piano \_\_\_\_\_ Other \_\_\_\_\_

Is your son currently in a choir? \_\_\_\_\_

If Yes, enter the name of the choir here: \_\_\_\_\_

Date of Audition \_\_\_\_\_ Preferred Time of Audition \_\_\_\_\_