



St Michael's Choir School

AUDITION BOOKING REQUEST

please email to: 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 _____

Fees: \$30.00 non-refundable application fee via e-transfer to accounts@smcs.on.ca