

APPLICATION FORM

Academic Year 2025/2026

To be completed by the office

____/____/20____ By: _____

TEST | Day: ____ - ____/____

Hour: ____ : ____

Student:

(Full Name)

Date of birth

____ / ____ / ____

Age (on 31/Dec/2025)

Gender F ☐

M ☐

In the academic year 2025/2026, the student will attend the ____^o year of regular school.

Does the student already have any knowledge of music? If yes, specify where and what he/she studied:

Student's hourly availability:

Monday to Friday from 10am to 9pm:

Saturdays from 9am to 4.30pm:

In Charge of the child's education (tick just one) ☐ Mother ☐ Father ☐ Him/ Herself ☐ Other

(FULL NAME)

(IF "OTHER" PLEASE INDICATE RELATIONSHIP TO STUDENT)

Telephone N°:

E-mail address:

(CAPITAL LETTERS)

APPLICATION PREFERENCES

☐ **Official Course**

Course 1 (1st. to 4th grade) ☐
+ 2nd Instr ☐

Course 4 (5th to 9th grade) ☐
+ 2nd Instr ☐

Course 5 (10th to 12th grade) ☐
+ 2nd Instr ☐

☐ **Unofficial Course from 5 to 9 years old**

Course 2 (Pre-Initiation) **2.1** ☐ **2.2** ☐ **2.3** ☐ **2.4** ☐ **2.5** ☐ **2.6** ☐

Course 3 (Initiation) **3.1** ☐ 1st year-Choir: Yes/No ☐ **+ 2nd Instr.** ☐ **3.2** ☐ **3.3** ☐ **3.4** ☐

☐ **Unofficial Course for 10+ years**

Course 6 (Basic with the support of the Cascais C. of Music) ☐ + 2nd Instr. ☐ + Choir ☐

Course 7 (Basic without support) ☐ Choir: Yes/No ☐ + 2nd Instr. ☐

Course 8 (secondary without support) ☐ Choir: Yes/No ☐ + 2nd Instr. ☐

Independent Subjects:

CLASSIC | **9.1** ☐ **9.2** ☐ + 9.C ☐ **9.3** ☐ **9.4** ☐ **9.5** ☐ **9.6** ☐ **9.7** ☐ **9.8** ☐ **9.9** ☐ **9.10** ☐ **9.11** ☐

POP/ROCK/JAZZ | **10.1** ☐ **10.2** ☐ + 10.C ☐ **10.3** ☐ **10.4** ☐

Indicate in order of preference:

1st Instrument

and / or
2nd Instrument

and / or
3rd Instrument

NOTE: The number of places for each instrument is defined by the board of Pedagogical Directors, with priority given to Strings, Wind and Percussion candidates. An assessment of the candidates' musical aptitude will take place between 26 and 27 May, day and time to be confirmed by the Cascais Music Conservatory.

☐ I declare that I authorise the Cascais and Oeiras Chamber Orchestra Association to use the data provided here for the purposes of applying to the Cascais Conservatory of Music during the academic year in question, at the end of which, if there is no enrolment, this data will be destroyed in accordance with the General Data Protection Regulation in force.

Date

In charge of the child's education / Student

To be filled in by the school management

Student starts classes on ____ / ____ / 20____ and was assigned the following disciplines:

Class: _____

Instrument: _____ **Day of the week** _____

Others: _____

Day of the week: _____

Teacher _____ **Hour:** _____