

APPLICATION FORM

Academic Year 2026/2027

To be completed by the office

____/____/20____ By: _____

TEST	Day: _____ - ____/____
	Hour: _____ : _____

Student: _____

(Full Name)

Date of birth _____ / _____ / _____

Age (on 31/Dec/2026) _____

Gender F M

In the academic year 2026/2027, 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^o: _____

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.C** **9.3** **9.5** **9.7** **9.9** **9.11**
9.2 **9.4** **9.6** **9.8** **9.10**

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

Indicate in order of preference:

1st Instrument

and / or
2nd Instrument

and / or
3rd Instrument

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:** _____