

Burnt Hills – Ballston Lake Central Schools  
Fine Arts Department

**APPLICATION FOR APPLIED MUSIC CREDIT**

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home email \_\_\_\_\_

We the undersigned, request that \_\_\_\_\_ be permitted to apply for one/half unit of credit in applied music. We have read the attached regulations published by the State Education Department and Burnt Hills-Ballston Lake Schools and understand their content. We also have informed our private teacher of these requirements.

Applied Music Subject (instrument studied) \_\_\_\_\_

School Year: \_\_\_\_\_

Number of years of study without High School credit: \_\_\_\_\_

Pupil Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Private Teacher: \_\_\_\_\_

Studio Address of Private Teacher: \_\_\_\_\_

Phone: \_\_\_\_\_ email \_\_\_\_\_

Approved by:

Principal: \_\_\_\_\_

Director of Music: \_\_\_\_\_ Date: \_\_\_\_\_

**Grade is numeric but will not be incorporated into student's overall average. This course will appear on student transcripts and students will be awarded 1/2 credit for each year of study.**