ASSESSMENT APPLICATION FORM

ETOBICOKE-MISSISSAUGA BRANCH, O.R.M.T.A.

TEACHER:ADDRESS:		Pho	ne No.:	Date:	
		Emai	Email		
 APPLICATION ONLY MEMO STUDENTS O	PRIZED PIECES QUA PBTAINING A QUALI TO RE-ENTER IN MA le for assisting at asses	BE ACCEPTED AFTI LIFY FOR THE FINAI FYING MARK OF 84 ARCH	L SCHOLARSHIP REC OR ABOVE IN NOV-1	CITAL DEC ASSESSMENT AR	E NOT
Student	Level	Composition	Composer	Time Fee	

CONSULT THE "ASSESSMENT ENTRY GUIDELINES AND RULES " SHEET AND "ASSESSMENT FEES" FOR FEES AND RULES . EMAIL THE COMPLETED FORM TO: <u>virginiataylorpiano@gmail.com</u>. SEND E-TRANSFER FOR THE TOTAL AMOUNT OF FEES TO: <u>treasurer.etobmiss.ormta@gmail.com</u> AND INDICATE THE TEAHER'S NAME IN THE E-TRANSFER NOTE.