**ASSESSMENT APPLICATION FORM**

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

TEACHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* PLEASE PRINT IN BLOCK LETTERS
* APPLICATION FORMS WILL NOT BE ACCEPTED AFTER THE DEADLINE
* ONLY MEMORIZED PIECES QUALIFY FOR THE FINAL SCHOLARSHIP RECITAL
* STUDENTS OBTAINING A QUALIFYING MARK OF 84 OR ABOVE IN NOV-DEC ASSESSMENT ARE NOT PERMITTED TO RE-ENTER IN MARCH

**Times you are available for assisting at assessments.      Sat:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Your chosen hours subject to availability and need)     Sun: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CONSULT THE “ASSESSMENT ENTRY GUIDELINES AND RULES** **” SHEET AND “ASSESSMENT FEES” FOR FEES AND RULES . EMAIL THE COMPLETED FORM TO:** [**roccosignorile@gmail.com**](mailto:roccosignorile@gmail.com) **(INSTRUMENTAL) OR**

[**sofipeych@gmail.com**](mailto:sofipeych@gmail.com) **(VOCAL) SEND E-TRANSFER FOR THE TOTAL AMOUNT OF FEES TO:** [**treasurer.etobmiss.ormta@gmail.com**](mailto:treasurer.etobmiss.ormta@gmail.com) **AND INDICATE THE TEAHER’S NAME IN THE E-TRANSFER NOTE.**

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