

# SCHOOL OF AUTISM ROCK APPLICATION FORM

Applicant Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) Dx: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Current Therapies: \_\_\_\_\_

Accommodations: \_\_\_\_\_

Has applicant ever been seen by a music therapist? Y / N

Circle the name of the program for which you are applying:      School of Rock                      Camp Rock

Please describe background and/or interest in music. Be sure to note any formal training and instruments played:

How will participation in this group affect your present situation?

Please complete form and send to Rana Zellner Burr, MT-BC, 11503 Elijah Stapp, San Antonio, TX 78253 or fax to (210) 637-9766.