

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.