**MUSIC TEACHERS ASSOCIATION** AFFILIATED WITH

ILLINOIS STATE MUSIC TEACHERS ASSOCIATION

MUSIC TEACHERS NATIONAL ASSOCIATION

Dear Parent:

During this year of piano study, your child will be working on many aspects of music-making. As an added incentive, I would like you to consider enrolling him/her in the Achievement in Music (AIM)

exam sponsored by the Illinois State Music Teachers Association (ISMTA). Each student will be

evaluated privately on keyboard skills that have been prepared as well as repertoire (of which at

least two pieces must be memorized). Upon successful completion of the exam(s), an award pin,

written evaluation and certificate will be received.

This annual event, which includes about 3,000 students from Illinois and other states, takes place in

our area at Harper College in Palatine. I would like \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in

 Level \_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The non-refundable fee is \_\_\_\_\_\_\_. Make-ups are allowed only in the case of illness so please keep the date(s) clear if you decide to participate. *Usually* requests for morning (8am – 1pm) or afternoon (1pm – 6pm) times can be

honored when received prior to scheduling.

Care is taken to make the exams a positive and rewarding experience. Please discuss this opportunity with your child and then return the form below by the date requested. I will be glad to answer any questions that you might have!

 Sincerely,

 ……………………………………………………………………………………………………………………………

**Achievement in Music Exam Registration**

**(Please return by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you!)**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ I would like my daughter/son to participate in the ISMTA AIM Exam on the date(s)

specified above. We would be able to come to the exam(s) during the time checked below:

\_\_\_\_\_Anytime during the date \_\_\_\_\_ Morning (8am-1pm) \_\_\_\_\_Afternoon (1pm-6pm)

\_\_\_\_\_ My daughter/son will not participate in the ISMTA AIM Exam this year.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature