



Dear Parent or Guardian,

We would like to enroll your student to take the next ABRSM Examination. The Associated Board of the Royal Schools of Music is a global organization that is the premiere examination for music. They have both Practical and Theory examinations. For more information about the ABRSM, please check their website at www.abrsm.org.

If you would like to sign your son or daughter up for these exams, please fill out the information below and return to your student's instructor. We recommend increasing your lesson time to help your student prepare for this exam. Please discuss this with your teacher and the office.

Practical Exam Fees		Theory Exam Fees	
Level	Fee	Level	Fee
Grade 1	\$81	Grade 1	\$47
Grade 2	\$88	Grade 2	\$59
Grade 3	\$98	Grade 3	\$63
Grade 4	\$112	Grade 4	\$74
Grade 5	\$121	Grade 5	\$79
Grade 6*	\$148	Grade 6*	\$85
Grade 7*	\$161	Grade 7*	\$87
Grade 8*	\$216	Grade 8*	\$99

*Requires a copy of GRADE 5 THEORY certificate

Student Name: _____

Student's NFSM Instructor: _____

Theory or Practical?: _____

Exam Grade Level: _____

If Practical, for what Instrument?: _____

I would like my student to take the ABRSM exam. I understand that I will be charged _____ and \$5 (per family) processing fee for the examination. I understand that the theory exam has a scheduled date and time that may change if the ABRSM decides to do so and that the practical exam will be scheduled within a month of the practical exam date range. I also understand that if I cannot make the exam due to any reason, unless it is a medical emergency, I must forfeit the exam fees but may enroll in the next exam session offered. If I do have a valid medical reason deemed eligible by the ABRSM, I will receive a voucher to take the exam during the next session it is offered, but I must present the medical reasons prior to the exam date. **I understand that NFSM is not affiliated with ABRSM and has no control over the dates, times, and schedules of the ABRSM examinations and I cannot hold NFSM responsible for any schedule adjustments or refunds.**

I, _____, hereby give my consent to sign up _____
(print parent/guardian name) (print student name)
 for the ABRSM examination.

Signature: _____ Date: _____