



ROYAL
ACADEMY
OF MUSIC

Junior Academy

ABRSM Exam Entry Form

Term: _____ Year: _____

Name of student: _____

Name of teacher: _____

Instrument / theory: _____

Grade / diploma: _____

Do you require a JA accompanist?: Yes / No (Please delete as appropriate)

Theory candidates only:

Are you happy to take your exam in Central London?: Yes / No

If No, please state an alternative centre: _____

Please enter the student named above for the ABRSM exam as requested.

Signature _____ Parent/teacher/student

Date _____

Please return this form to Karen Ingram (Junior Academy Administrator) either via the JA main office on a Saturday or by email to: k.ingram@ram.ac.uk

Please note: It may not be possible to accommodate entries that are submitted after the closing date, as notified on the termly calendar.