



## Lamont Summer Academy Acceptance Packet

*It will be helpful to review the **LSA Guidebook 2026** to familiarize yourself with the curriculum and day to day life at LSA before completing this packet*

In this packet are several important forms that must be read thoroughly, filled out, and returned to LSA via email at **Lamontacademy@du.edu**

**Submitted files should include the student's first and last name in the file name, should all be submitted at the same time and in 1 single file.**

i.e. Jane Doe LSA packet.pdf

### LSA Acceptance Packet Checklist

Be sure that each of these items has been completed fully before returning.

- Deposit paid within 10 days of acceptance
- Damage deposit- \$325 due by May 1
- Family health form
- Physician health form (if applicable)
- Modern Electives form
- Photo/Recording Release form
- Acceptance and Conduct agreement
- Theory and Rhythm placement test

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## Tuition and Payment

**All tuition payments for the Lamont Summer Academy must be submitted through the online tuition portal found on the Forms and Payments section of the LSA website.**

Email Cassandra Lopez at lamontacademy@du.edu with any questions.

- **Non-refundable Deposit due 10 days after receiving acceptance packet**
- **Remaining tuition balance due May 1.** Any applications received after April 30 *must pay tuition in full within 7 days of acceptance.*
- **Damage Deposit check due May 1**

### Tuition for Commuter and Residential Options:

- Residential student = \$2,550 (tuition, room & board, recreation)
- Commuter student = \$2,000 (tuition, lunch & dinner, recreation)
- Additional 'minor' or secondary area of study = \$300 (secondary instrument, conducting, etc.)
- Double minor = \$500

\*Parking passes are not included in the above listed costs for commuters. If you are a commuter that needs a parking pass, please contact Lamontacademy@du.edu

\*\*Students will need spending money for **2** off campus meals

## Damage Deposit

**A check for \$325 is due by May 1 for the damage deposit**

This check will only be deposited in the instance of property damage or lost key charges incurred to University of Denver facilities. Checks will be shredded after confirmation from University Event Services that no charges have been incurred. The amount is the exact amount a student is charged for losing a room key.

Damage deposits are required for **ALL** students, *including commuters.*

### Mail checks to:

Lamont Summer Academy University of Denver  
 Attn: Cassandra Lopez  
 2344 E. Iliff Ave.  
 Denver, CO 80208

**I have mailed my damage deposit check will submit my tuition deposit within 10 days**

Student signature



## Family Health Form

The following health information is vital in the event that a student requires medical attention while attending LSA and must be completed by a parent or legal guardian for all students under 18 years of age.

- Complete **section 1 and 2:** personal information
- Complete **section 3:** insurance information. Medical insurance coverage is required for all LSA students, including international students.
- Complete **section 4:** specific health questions
- Complete **section 5:** health permission
- **Include a copy of the student's insurance card**
- **Include a copy of the policy holder's ID card**

### SECTION 1: Student information

Student's Name

Date of Birth \_\_\_\_\_ Sex

Address

City/State/Zip

### SECTION 2: Emergency Contact information

Primary contact

Secondary contact

Name \_\_\_\_\_ Name

Relation \_\_\_\_\_ Relation

Phone \_\_\_\_\_ Phone



## Family Health Form

### SECTION 3: Insurance Policy information

Student is covered by health insurance:    yes    no

Policy holder's name

P.H.'s Date of Birth

Address

City/State/Zip

Policy Holder Occupation

P.H.'s Employer

Insurance Company

Policy #

Plan #

- Include a copy of the student's insurance card
- Include a copy of the policy holder's ID card

### SECTION 4: Specific Health Questions

These questions must be completed before a student can participate in Lamont Summer Academy (LSA) activities. Please include any specific recommendations from your physician.

1. Is the participant on any prescription or non-prescription over the counter drugs that must be taken regularly? If yes, please list here and then fill complete the LSA Physician Health Form found in the Forms and Payments section of our web site, which does require the signature of a physician.



## Family Health Form

### Section 4 continued...

2. Does the participant have any food allergies or dietary restrictions? If so, please describe. If the student has an allergy requiring epinephrine, please complete the Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders.

3. Is there any medical condition we need to be aware of that might impact the participant's participation in any LSA activities? If yes, please describe and then complete the LSA Physician Health Form found in the Forms and Payments section of our web site, which does require the signature of a physician.

4. Does the student have any disability, medical condition, or mental health condition for which they may seek a reasonable accommodations? If yes, please describe and then complete the LSA Physician Health Form found in the Forms and Payments section of our web site, which does require the signature of a physician.

5. Is the student current on all vaccinations recommended by the CDC? If not, please identify vaccinations that have not been administered.



## Family Health Form

### Section 4 continued...

6. The following recreational activities are those in which the student may participate during LSA. Do you recommend that the student be allowed to participate in each activity?

Check each box to indicate **Yes**

- Field games such as soccer and Ultimate Frisbee
- Visit Denver Pride Fest
- Yoga/Stretching/Mindfulness practice
- Visit to Rec Center/ Gym/ Public Park
- Watercolor Painting/ Visual Arts Activity
- Visit to Downtown Denver in Guided Groups

### SECTION 5: Health Permission

**I HEREBY GIVE PERMISSION TO THE LAMONT SUMMER ACADEMY (LSA), THE UNIVERSITY OF DENVER (DU), AND ITS REPRESENTATIVES TO PROVIDE ROUTINE HEALTHCARE AND SEEK EMERGENCY TREATMENT, INCLUDING BUT NOT LIMITED TO THE ORDERING OF X-RAYS OR ROUTINE TESTS. I AGREE TO THE RELEASE OF ANY RECORDS NECESSARY FOR INSURANCE PURPOSES. I GIVE PERMISSION TO THE LSA AND DU TO ARRANGE NECESSARY RELATED TRANSPORTATION FOR ME/MY CHILD. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN, OTHER LICENSED HEALTH CARE PROVIDER, AND/OR HOSPITAL SELECTED BY THE LSA AND/OR DU TO SECURE AND ADMINISTER TREATMENT INCLUDING HOSPITALIZATIONS, INJECTIONS, ANESTHESIA OR SURGERY FOR THE PERSON NAMED ABOVE. THIS COMPLETED FORM MAY BE PHOTOCOPIED. THE LSA, DU, AND ITS REPRESENTATIVES HAVE PERMISSION TO OBTAIN COPIES OF MY/MY CHILD'S TREATMENT AND HEALTH RECORD FROM ANY PROVIDER WHO TREATS ME/MY CHILD. I UNDERSTAND THAT INFORMATION ABOUT ME/MY CHILD'S HEALTH WILL BE SHARED ON A "NEED TO KNOW" BASIS WITH LSA STAFF AND WILL BE KEPT CONFIDENTIAL. THIS HEALTH FORM IS COMPLETE TO THE BEST OF MY KNOWLEDGE AND CONTAINS NO MISREPRESENTATIONS OR OMISSIONS THAT MIGHT OR WOULD AFFECT MY/MY CHILD'S EXPERIENCE OR WELL-BEING.**

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date



## Physician Health Form

**SECTION 1:** To be signed by the student and guardian.

### **AUTHORIZATION FOR PRESCRIPTION AND NON-PRESCRIPTION MEDICATION:**

I understand I must provide all medications listed below. Prescription medications must come in an original pharmacy labeled container with student's name, name of medicine, time medicine is to be given, dosage, date and licensed healthcare provider's name. Over the counter medications must be labeled with student's name and packaged in original container. Dosage must match the signed licensed healthcare provider's authorization. I have discussed the risks related to the use of the medications and understand that I (and my child) acknowledge, accept and assume those risks associated with this use of medication. I give permission for my/my child's health care provider to share information about the administration of this medication with personnel acting on behalf of Lamont Summer Academy. I have read and understand the conditions set forth above.

**Student signature**

**Parent/ Guardian signature**

**SECTION 2:** To be completed by a parent/guardian and reviewed by physician.

### **GUIDELINES FOR MEDICATIONS AND AUTHORIZATION FOR ADMINISTRATION OF MEDICATION.**

*All medications will be kept and self-administered by the student.* We ask that you list all medications below, including Epi-pens and inhalers, in the instance that we need to provide this information to a medical professional during an emergency. Please list all *prescription and non-prescription/over-the-counter drugs* below, including all dosing information. Please attach an additional sheet if necessary.

**Medication**

**Dosage**

**Frequency**



## Physician Health Form

**SECTION 3:** to be completed by a parent or guardian

Has the student had a reaction to any of the medications listed in section 2?

If Yes, which one? Please describe reaction:

### SECTION 4: Physician's information

Physician name

Address

City/State/Zip

Phone

License number

**I have reviewed the medications listed above and to the best of my ability, find the list to be accurate. I have also examined the above-named participant and found him/her/them to be able to participate in all activities of the Lamont Summer Academy at the University of Denver.**

Physician's Signature

Date



## Photo/Recording Release Form

The Lamont Summer Academy will have a website and other publicity materials. We would like permission to use your child's photo, performance recordings, or written testimonials. Please sign form to indicate that photos and/or recordings may be used in this way. Thank you for considering this request. This release will remain in effect until revoked in writing.

### Permission for use of Student Photos and Recording:

As parent or legal guardian of \_\_\_\_\_, I grant Lamont Summer Academy and the University of Denver permission to use and publish pictures and recordings of or written testimonials by my child. Lamont will use these materials only in connection with the Lamont website, photo gallery display, and/or other publicity materials.

**Parent or Guardian signature (if under 18)**

**Date**

**Student signature**

**Date**


**UNIVERSITY OF DENVER LSA Modern Music Making Electives 2026**

**The Modern Music Making Ensembles/Enrichment:** These enrichment ensembles and classes meet each afternoon of the first week. Most end in a performance on Friday night of week 1. They introduce students to new ways of making music, and/or get introduced to musician wellness. You can read more about the options for Modern Music Making Electives in the **LSA Guidebook 2026**

Rank these 6 options in order of preference:

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Bluegrass Ensemble						
Modern Music Ensemble						
Flex Jazz Ensemble						
Steel Drum Ensemble						
Music Appreciation						
Extra Individual Practice Time						



## Acceptance and Conduct Agreement

**STUDENTS AND THEIR PARENT(S)/GUARDIAN(S) MUST READ CAREFULLY AND UNDERSTAND THE FOLLOWING CONDUCT REQUIREMENTS. FAILURE TO COMPLY WITH THESE CONDUCT REQUIREMENTS MAY RESULT IN THE STUDENT BEING DISMISSED FROM THE LSA. PLEASE KEEP ONE COPY OF THE SIGNED DOCUMENT FOR YOUR OWN RECORDS.**

1. Students are prohibited from any use or possession of tobacco, marijuana, alcohol, and other controlled substances.
2. Students must comply with the attached Housing Policies and Procedures.
3. Students must remain in their assigned residence hall and assigned room and may not enter other students' rooms or other residence hall(s). Subject to the applicable COVID-19 protocols, LSA will make common areas available for social gathering.
4. Students must be on their assigned residence hall floor by 10:00 p.m. each night.
5. While attending the LSA, students are supervised when moving between buildings on campus. For safety reasons, DU does not allow students enrolled in the LSA to travel around campus or off-campus without a counselor as an escort. a. Residential and Commuting students must have counselor or faculty escorts when traveling on campus. b. Residential students may not leave campus at any time without supervision by LSA staff unless the Head Counselor grants prior permission. c. Commuting students may not leave campus during the regularly scheduled music and recreational activities unless the Head Counselor grants prior permission.
6. Students are not permitted to operate a motor vehicle while attending the LSA unless commuting to or from campus from their home. Commuting students are prohibited from transporting residential students.
7. Commuting students with cars must register their car and obtain a parking permit at Orientation.
8. Students are not permitted to use, and must turn off, cell phones during lessons, classes, rehearsals, and recitals.
9. Students must comply with the University's Acceptable Use Policy for Computer and Network Systems.
10. Students are expected to treat each other, LSA staff, and faculty with respect. Students must not engage in sexual harassment, including but not limited to sexual assault, stalking, or dating violence; other harassment or discrimination; intimidation, bullying, retaliation; or disrespectful or violent language or behavior.
11. Students are expected to behave in a mature and responsible manner while participating in LSA. Students will be held responsible for damage to University of Denver property.
12. If a student will miss any portion of the LSA program, the student must seek an excused absence from the Head Counselor via e-mail at least 48 hours in advance of the absence. The Head Counselor's e-mail address will be supplied at the start of LSA. Students may receive excused absences only for emergencies and professional musical engagements.

Unexcused absences may result in additional cancellation fees for missed lessons, rehearsals, and/or performances



## Housing Policies and Procedures

- Exterior doors to the residence halls are locked 24 hours a day. Anyone entering a residence hall must do so with a swipe card or be let in by the front desk staff.
- In case of a life-threatening emergency please dial 9-11. For all other emergencies or to report an incident, please contact Campus Safety at 303-871-3000 (emergency line) or 303-871-2334 (nonemergency line).
- If there is a fire alarm or danger of fire in the building, students must exit the building right away and gather with others at a safe distance away from the building. Follow the directions of University staff and do not enter the building until the fire department has cleared individuals to do so.
- It is a criminal offense to activate a fire alarm when there is no fire or danger of a fire. If an alarm is activated by a student and there is no fire or danger of fire, the individual will be held responsible for any fines or damages resulting from the incident and may face criminal charges.
- Students may NOT touch, tamper with, throw things at, or hang items from the sprinkler heads located in the rooms. Doing so may activate a powerful water flow from the sprinkler system and cause significant property damage.
- Quiet hours are 10:00 pm to 7:00 am Sunday night to Friday morning, and 12:00 am to 9:00 am Friday night to Sunday morning.
- The University of Denver is a 100% smoke-free campus and smoking is not permitted indoors or outdoors on University property. For more information, please review the University's smoke-free campus policy.
- Alcohol is not allowed in rooms where any guests are under the age of 21.
- Housekeeping services are not provided. Students are responsible for making their own beds and taking out trash from their rooms as necessary. Trash liners and vacuums are available at the front desk.
- A \$50.00 custodial fee per room will be assessed for rooms left excessively dirty or with an excessive amount of trash; this includes leaving large amounts of food in the micro-fridges.
- Students must respect all University property and may not move furniture from or within rooms. A \$25.00 service fee per room will be assessed for furniture that has been moved from or within a room.
- Due to the high fire potential, hot plates, halogen lamps, and the burning of candles and/or incense are prohibited in the residence halls.

- The University is not liable for the loss or damage of students' property or for any personal goods stored in the residence halls, including items delivered by mail or otherwise. Students are encouraged to carry insurance for their personal possessions. Students who do not comply with these policies and procedures may be dismissed from LSA.



## Acceptance and Conduct Agreement

**The LSA Director is responsible for addressing non-compliance with these conduct requirements. Students who have been found in violation any conduct requirement(s) may be subject to dismissal from the LSA. The University will not provide any refund if a student is dismissed for violation of conduct requirements.**

I have read, understand, and agree to comply with the conduct requirements set forth above.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



STUDENT NAME \_\_\_\_\_

**Important:** How long did it take you to complete this test, not counting the rhythm recordings? \_\_\_\_\_

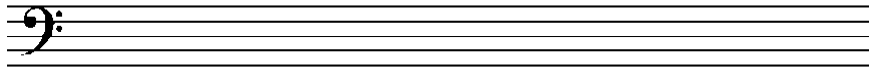
**NOTE:** It is very important that we get an accurate impression of your theory skills and fluency so that we may place you in a class level that will be most helpful to you. Please read the following instructions carefully and make sure to complete all pages.

- Take the test in one sitting (do not leave parts of it unfinished and come back later)
- There is no time limit, but DO time yourself, and indicate on the last page how much time you spent on the test
- You may complete the tasks in any order
- If you have absolutely no idea about a question or don't understand the topic, please let us know that with a big question mark (?)
- Do not refer to any outside materials (books, notes) for help
- Even if you cannot complete the last few parts of the test, be sure to answer all of the questions in part.

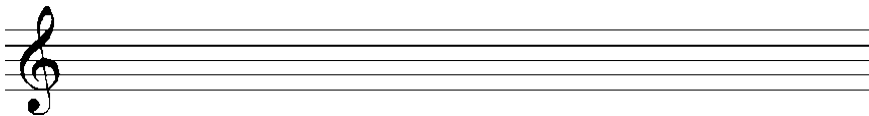
**Part 1.**

Write the requested scales.

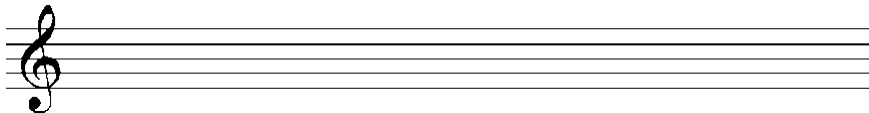
D Major



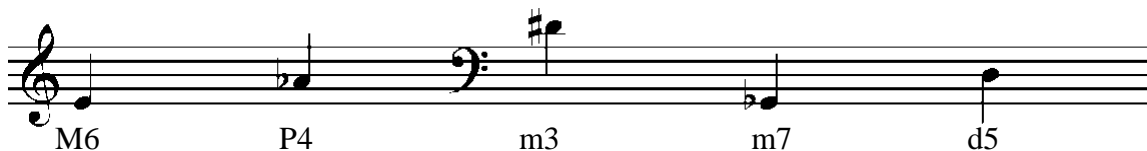
G harmonic minor



B natural minor



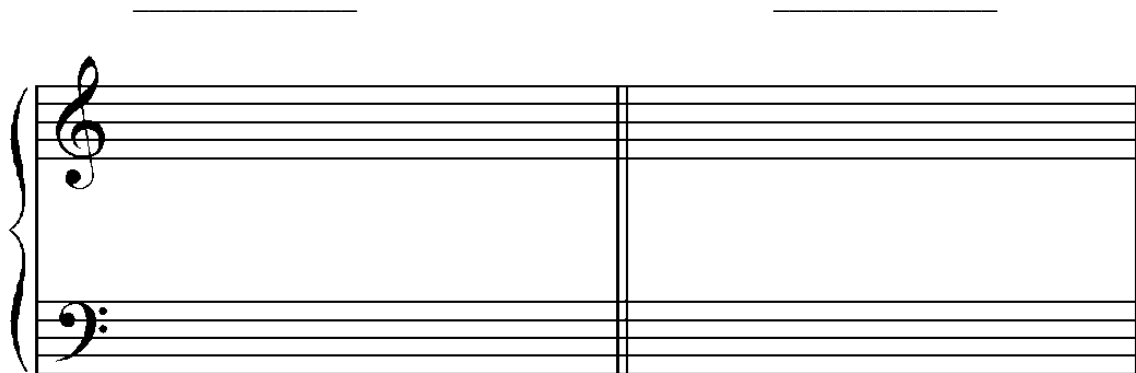
**Part 2.** Write the requested intervals above the given note.





STUDENT NAME \_\_\_\_\_

**Part 8.** Write the following cadential progressions in four voices, and then write the type of cadence in the blank above the staff. Use a key signature.



EM: IV – V<sup>7</sup> – I

Gm: ii<sup>o6</sup> – V – VI

**Part 9.** Answer the following questions:

1. What clef do you read most of the time (circle one)?

treble          bass

2. How good are you at reading the OTHER clef?

terrible          not bad    decent          good          excellent

3. What note is the leading-tone in the key of E minor?

E-flat          D-natural          D-sharp          F-sharp

4. What is the correct spelling of an E-flat minor triad?

Eb-G-Bb          Eb-F#-Bb          Eb-F#-A#          Eb-Gb-Bb

5. What chord is the dominant in the key of D minor?

A major          G major          A minor          G minor

6. If you are a high school student, have you taken AP theory?          YES          NO

