

# Enrolment Form 2017



School:

Program:

Full Name of Student:

Residential Address of Student:

Postal Address of Student:

Email Address:

Home Phone:

Work Phone:

Mobile:

Level at School 2017 (e.g., 1A, 3C)

Class Teacher's Name:

Private Half-Hour Lesson:       Group Half-Hour Lesson:

Preferred Time of Lesson (Please number 1 = Most Preferred, 3 = Least Preferred)

Lunch Time       School Time       After School

Child is a new Student to the Program (Please Tick)

New Student       Re-enrolling

Student requires hire instrument

Parent consents to student being photographed for purposes of promotion  Yes  No

Name of Parent/Guardian:

Signature:

Date:

*In signing this enrolment form, I agree to terms and conditions in the information sheet provided.*

## OFFICE USE ONLY

Enrolled

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Invoiced