

APPLICATION FOR INSTRUMENTAL MUSIC LESSONS

Name of student:	Tutor group:
Instrument/voice:	(only 1 instrument per form please, photocopies are acceptable)
Home address:	
	Postcode:
Home telephone no:	Work telephone no:
Mobile no:	- mail address
	d is transferring from another school and/or is already ormation will be passed on to the new teacher.
How long has your son/daughter been learn	ning?
What level/grade have they reached, if any	?
Name of the current instrumental teacher	
Name of school	
Parents please read the following carefully son/daughter then sign and date this agre	y along with the booklet and discuss this with your ement:
I agree to pay Mr Laurence Williams upon red	ceipt of his invoice termly
We have read all the terms and conditions ou Fitzharrys School' and we agree to abide by t	
PRINT NAME	
Signature	Date
Please send this completed form to Student Services by Thursday 21 October.	
OF	FICE USE ONLY
Date received:	eceived by:
Passed to Mr Laurence Williams on	