

Applicant's name	<input style="width: 95%;" type="text"/>	* Male <input style="width: 95%;" type="checkbox"/>	
		* Female <input style="width: 95%;" type="checkbox"/>	
		<i>* Please indicate</i>	
School Attended	<input style="width: 95%;" type="text"/>	D.O.B	<input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/>
Instrument	<input style="width: 95%;" type="text"/>	Grade attained	<input style="width: 95%;" type="text"/>
Home address	<input style="width: 95%;" type="text"/>		
	Postcode:		
e-mail address	<input style="width: 95%;" type="text"/>		

Additional information which may be of use e.g. medical conditions

Please tick the box if you do **NOT** wish your child to appear in any publicity material photos, DVDs etc. that may be used for promotional purposes.

Please tick the box if your child is in receipt of free school meals, and is therefore eligible for the full remission of fees. Please note that a Free Lesson Application Form must be completed and corroborative checks will be made.

I wish to apply for: An individual 30 min lesson at £16.44 per lesson
 (please indicate) An individual 20 min lesson at £11.69 per lesson

Preferred Centre Lyndon Music Centre
 (please indicate) Arden School

The applicant will not be able to attend on the following days/times.

I understand that my choice of lesson type and Music Centre are subject to a teacher being available. I have read and understood the Conditions for Music Lessons attached to this application and agree to pay the appropriate termly fee.**

<u>Invoice Details</u>	
Name and address of person to be invoiced (please print clearly)	
Title _____	First Name _____ Surname _____
Billing address if different from home address above	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>
	Postcode:

<u>Emergency Contact Details</u>	
Contact nos. for notification of cancellation of sessions or emergencies	
Preferred contact	<input style="width: 95%;" type="text"/> Name:
Alternative contact	<input style="width: 95%;" type="text"/> Name:
Home telephone	<input style="width: 95%;" type="text"/>

Signed _____ **Date** _____
(Parent/Guardian)

** Please **do not** send any money with this form, you will receive an invoice in arrears from SMBC.

Scanned		Dbase		LM No.	Party No.
---------	--	-------	--	--------	-----------