

SOLIHULL MUSIC SERVICE

Application for Instrumental/singing lessons

Please complete all boxes clearly

Applicant's name	<input type="text"/>	* Male	<input type="checkbox"/>
		* Female	<input type="checkbox"/>
		* Please indicate	
School Attended	<input type="text"/>	D.O.B	<input type="text"/> / <input type="text"/> / <input type="text"/>
Instrument	<input type="text"/>	Grade attained	<input type="text"/>
Home address	<input type="text"/>		
	Postcode:		
e-mail address	<input 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 type="text"/>
	<input type="text"/>
	Postcode: <input type="text"/>

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

Signed (Parent/Guardian) _____ Date _____

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

Scanned	<input type="text"/>	Dbase	<input type="text"/>	LM No.	<input type="text"/>	Party No.	<input type="text"/>
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