

Enrolment Form

Please complete in **BLOCK CAPITALS** and return to:
Grand School of Music, 1886 Aquetong Road,
New Hope, PA 18938

1. Contact Details

Student Name:		Gender:	M / F	Date of Birth:	
Street Address:					
Town/City:		State:		ZIP Code:	
Parent Home Tel:		Mobile:			
Email:					

2. Education Details

Current School / College:	
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3. Instrument for which application is made

Instrument / Voice:					
Beginner:	YES / NO	If 'NO', please indicate any grades taken:		Number of years learning:	
Please list any previous musical experience and any other instruments played:					

4. What are you applying for? (Please tick all relevant)

LESSONS		OTHER ACTIVITIES	
Individual Lesson (<i>recommended</i>):	<input type="checkbox"/>	Orchestra / Band (<i>upon consultation with teacher</i>):	<input type="checkbox"/>
Chamber Music Lesson:	<input type="checkbox"/>	Choir:	<input type="checkbox"/>
Group Lesson:	<input type="checkbox"/>	Theory / Aural (<i>please state which</i>):	<input type="checkbox"/>
Circle available days:	MON / TUES / WEDS / THURS / FRI / SAT		
State any preferred time slots (<i>we will do our utmost to accommodate your request based on teacher availability</i>):			

5. Details of any special needs or learning difficulties relevant to musical study (Please attach a separate sheet if necessary)

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6. Declaration

<input type="checkbox"/> <i>(Please tick to confirm)</i>	<p>I wish to enroll the above-named student for lessons and/or groups and agree to pay the half-termly charges currently in force. I have read and abide by the full terms and conditions on the Grand School of Music's website.</p> <p>I understand that lessons will continue term on term and year on year. I agree to advise the Grand School of Music office in writing should I wish to discontinue lessons, giving at least half a terms notice. If the required notice is not given, I agree to pay the late notice charge therein specified.</p> <p>I understand that the information provided on this form will be entered into the Grand School of Music database to be used only in connection with this application. Personal information will be stored in accordance with FTC guidelines.</p>
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If you **do not** wish your child to be included in any photographs which may be used in publicity, please tick this box:

Mr/Mrs/Miss/Ms/Other:		Full name of a/c payee (<i>Please print</i>):	
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Signature:		Date:		Relationship to student:	