

APPLICATION FOR INSTRUMENTAL LESSONS 2019

(We are English Speaking Only - Thank you)

Please complete all details and return this form to:

kylie@hallmarkmusicstudio.com.au OR

Hallmark Music Studio - PO Box 471, PARK HOLME SA 5043

Instrument choice: Note, minimum student enrolments required for some instruments

Piano	<input type="checkbox"/>	Flute / Recorder	<input type="checkbox"/>	Singing / Voice	<input type="checkbox"/>
Violin / Viola	<input type="checkbox"/>	Cello	<input type="checkbox"/>	Trumpet/Trombone	<input type="checkbox"/>
Guitar (Acoustic)	<input type="checkbox"/>	Guitar (Electric)	<input type="checkbox"/>	Drums	<input type="checkbox"/>
Electric Bass	<input type="checkbox"/>	(please note Electric Bass is only available to students of a minimum size due to the size of the instrument - an assessment can be arranged with the guitar tutor before committing)			

Lesson preference: Private Group (group not available for all instruments)

"Introduction to Piano": Group of 2 (available one term only per student, then transfers to private)

Name of School: _____

Date of application: ____/____/____

Full name of student: _____ DOB _____

Class teacher's name: _____ School Year level _____

Has the student learnt music previously? _____

If so, please provide details of current level or books being used: _____

Parent(s) / Caregiver 1

Name(s): _____

Address: _____

Suburb: _____ Postcode: _____

Home ph: _____

Work ph: _____

Mobile: _____

Language spoken at home: _____

Email: _____

Correspondence preference: Email / Post
(invoices / notices etc) (circle preference)

Parent / Caregiver 2

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Home ph: _____

Work ph: _____

Mobile: _____

Language spoken at home: _____

Email: _____

Correspondence preference: Email / Post
(invoices / notices etc) (circle preference)

(Note: hard copy correspondence may incur an annual surcharge for postage & handling)

I have read, understood and agree to abide by the conditions set out in the 2019 instrumental lesson policy.

Please note, the parent details listed are responsible for payment of all invoices. If payment is a shared responsibility this must be detailed on this form with both parties payment arrangements and signed by both parties

Parent / Caregiver 1: - Percentage payable of total invoice: _____ %

(print full name) (signature) (date)

Parent / Caregiver 2: - Percentage payable of total invoice: _____ %

(print full name) (signature) (date)