

ENROLMENT FORM- VALLEY MUSIC

STUDENT INFORMATION

Name:

Date of birth:

AMEB Candidate No:
(if applicable)

Current address:

Suburb:

State:

Post Code:

Email:

Parent/Carer Name:

Phone 1:

Phone 2:

LESSON INFORMATION

Venue:

Level 1, 248 High St Maitland

Instrument:
Class

YR or Class if Lessons at school:

MEDICAL CONDITIONS

Note any relevant Medical Conditions/ circumstances applicable below:

SIGNATURES

I have read the Music Tuition Policy for Valley Music and wish to enrol the above mentioned student for Music Lessons .

Signature of Parent / Carer :

Date:

AUTHORITY TO USE PHOTOGRAPHIC OR VIDEO/FILM IMAGES

I give permission for

(a student of Valley Music)

to have his/her name /image appear in newsletters and for promotional purposes by Valley Music.

Signature of Parent / Carer :

Date:

PLEASE RETURN COMPLETED FORM TO VALLEY MUSIC

EMAIL: valleymusic@hotmail.com.au