

Music Tuition Registration Form 2023-2024

Please complete the following form in full. Please review our policies and guideline sheet. Sign the bottom of the form and return to us.

| Child's name: | |
|---|---|
| Address: | Postcode: |
| Gender: Male/Female | Date of birth: |
| Name of School: | |
| What instrument would you like to study? | What group classes would you like to study? |
| Guitar/ Piano/ Violin/ Voice | Choir / Music Theory / Violin Club / Musical Theatre |
| Are you a beginner: Yes/No | |
| Southwark resident: Live: Yes/No | Work: Yes/No |
| Peabody resident: Yes/No | |
| Does the child have any special needs, phys | sical or educational? Yes/No |
| If "Yes "please give details: | |
| Parent/Guardian's name: | |
| Contact number: | Email address: |
| Emergency contact name/number: | |
| and printed publications; please note pho | photographs/videos/films of your child in electronic tographs/films will only be used with your consent, monitoring, evaluation and advertising purposes? |
| Yes/No | |
| DEA Music Academy will use the inform lessons. | nation you have provided to administer the music |
| I have read and understood DEA Musi guidelines and Policies listed. | c Academy policies and I agree to abide by the |
| Signature: | Date: |

DEA MUSIC ACADEMY ADMINISTRATION SECTION

| This section will be filled in by DEA | MUSIC ACADEMY Administration. |
|---------------------------------------|-------------------------------|
| Start Date: | |
| Proof of address seen: Yes/No | |
| Proof of benefits seen: Yes/No | |
| Discount given: Yes/No | Amount of discount: £ |
| Lesson Day: Tuesday/ Wednesday/ | Thursday/ Friday/ Saturday |
| Lesson Time: | |
| Instrument: | |
| Teacher: | |
| Officer name: | |
| Signature: | Date: |