



Music Tuition Registration Form

2025-2026

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, physical or educational? Yes/No

If "Yes "please give details:

Parent/Guardian's name:

Contact number: **Email address:**

Emergency contact name/number:

Do you agree to us taking and publishing photographs/videos/films of your child in electronic and printed publications; please note photographs/films will only be used with your consent and in the correct context such as concerts, monitoring, evaluation and advertising purposes?

Yes/No

DEA Music Academy will use the information you have provided to administer the music lessons.

I have read and understood DEA Music Academy policies and I agree to abide by the guidelines and Policies listed.

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:**.....