

Killarney School Of Music

Enrolment Form

Please use **BLOCK CAPITALS** and print clearly.

Student Details

Surname _____ First Name _____

Full Address _____

Date of Birth ___/___/___

Parent or Guardian (if student under 18) _____

Mobile Number: _____ Landline: _____ Email: _____

Medical / Condition school should be aware of: _____

Instrument and Class Choice

Instrument/Subject _____

Previous Musical Experience (if any): _____

Please tick your preferred class size and class duration in the following table.

		Class Duration			
		20 Minutes	30 Minutes	45 Minutes	1 Hour
Class Size	Private (1-1)				
	2 Student Group				
	3 Student Group				
	4 Student Group				

Please mark your preferred day and time for your class in the following table. Mark 1,2,3 in order of preference.

Day/Time	Mon	Tues	Wed	Thurs	Fri	Sat
10am-12pm						
12pm-2pm						
2pm-4pm						
4pm-6pm						
6pm-8pm						
8pm-10pm						

Payment

Payment can be made term by term, or for the full year which has a discounted price. (See website for pricing schedule).

Paying for: Current Term Full Year

If paying by cheque please make payable to KSOM and post together with completed enrolment form to: Killarney School of Music, Central Point, Park Road, Killarney, Co Kerry

I wish to apply for a place at Killarney School of music. I understand the tuition fees and accept the regulations of the school (see www.killarneyschoolofmusic.com).

Signed _____

(To be signed by parent or guardian for students under 18. Students over 18 should sign themselves)

Office Use Only:

Received Payment of: € _____ Scheduled for: Day: _____ Time: _____ Teacher: _____