

# 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: \_\_\_\_\_

Student information the school/teacher 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				

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](http://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: \_\_\_\_\_