

# Sutton Music Service

## Wednesday Music School Application Form

Please indicate which instrument you would like to apply for by circling one of the following:

**VIOLIN CELLO FLUTE CLARINET**

Name of Day School attended.....

Surname of Pupil (in capitals) ..... First name .....

Date of birth ..... male/female .....

Address .....

.....

.....

Post code ..... Tel no .....

Emergency contact no .....

Name of Parents/Carers .....

Have you had instrumental lessons before? **YES/NO**

If YES, on which instrument? .....

Are you still having lessons on that instrument? **YES/NO**

Approximate standard/grade attained .....

Will you require the use of one of our instruments? **YES/NO**

**I have read and agree to the Terms and Conditions for Wednesday Music School**

Signed ..... Parent/Carer

Date .....

**Please return this form to:**

Sutton Music Service  
Wandle Valley School  
Welbeck Road  
Carshalton  
Surrey SM5 1LW  
Tel 020 8640 8781  
www.suttonmusicservice.org.uk

**For office use only**

Start date .....

Payment ..... Cheque/cash