

LESSON ENQUIRY / WAITING LIST REQUEST.

TO HELP US PROCESS YOUR DETAILS PLEASE COMPLETE ALL ATTACHED FORMS IN BLOCK CAPITALS.

FULL PUPIL NAME:

PREFERRED NAME:

MALE / FEMALE

(PLEASE CIRCLE AS APPROPRIATE)

AGE:

DOB: / /

IF THE PUPIL ENQUIRING IS UNDER 18 THE SECTION BELOW MUST BE FILLED OUT BY A PARENT / GUARDIAN.

CONTACT DETAILS.

FULL NAME:

RELATION TO PUPIL:

HOME CONTACT NUMBER:

MOBILE CONTACT NUMBER:

EMAIL:

ADDRESS:

POST CODE:

ENQUIRY DETAILS.

INSTRUMENT:

INDIVIDUAL/CLASS/EITHER

(CIRCLE AS APPROPRIATE)

AVAILABILITY:

PREVIOUS EXPERIENCE / ADDITIONAL NOTES:

ENQUIRY DATE:

ASSESSMENT REQ:

PHONE CALL REQ:

TEACHER/JW/CC EMAILED:

CONFIRMATION REQ:

T&C PUP DET REQ:

ADD TO WAITING LIST:

PROCESSED BY: