

St Joseph's College
MUSIC TUTORING PROGRAM
2017

Student Name: _____ Year: _____ PC Group: _____

Parent's Name: _____

Postal Address: _____

Parent's Email Address: _____

Phone No's: Home _____ Work _____ Mobile _____

1. My child would like to learn _____

2. I would like my child to participate in the Fast-Track Band group lessons if available

OR

I would like my child to participate in private lessons (all instruments/voice).

3. My child has learned this instrument/voice before. YES NO

(Details) _____

4. My child will need to HIRE this musical instrument. YES NO
(There is No charge for the first year of learning).

5. I give permission for you to give contact details to the appropriate tutor. YES NO

I have read the given information and have discussed the required commitment and responsibility with my child. I thereby give permission for my son/daughter to participate in the school music tutoring program and acknowledge that fees will be paid directly to the tutor.

Comments: (Please indicate any concerns or queries).

Parents/Guardian Signature Best Phone Contact Date

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PLEASE COMPLETE Name/PC Group below. It will be returned to your child through their PC once the lesson is confirmed.

Student Name _____ PC Group _____

Your music lesson is as follows: Voice/Instrument _____ Practice Room _____

Tutor's Name _____ Day _____ Time _____

Students please inform your class teacher at the start of the lesson and depart the classroom 5 minutes before the music lesson is due to commence.