

Musical Tuition Application Form

Student Details *delete as appropriate					
Surname:	Forename (s):				
Gender: * Male / Female	Date of Birth:				
School:	Class/Year (At time of application)				
Please tick if you child will be transferring to E	xmouth Commu	nity College in Sep	otember		
Parent / Carer Details: *delete as appropriate					
Name: * Mr / Mrs / Miss / Ms:					
Address:					
		Post Code:			
Mobile Tel No:	Work Tel No:				
Email Address:					
Tuition Details					
Instrument:	Lesson: _	Group (30	Minutes)		
Do you already have your own instrument? YES /	/ES / NO Individual (20 Minutes) Individual (30 Minutes)				
Previous teacher (if applicable)		individual (50 Millutes)		
Current standard (years learn't / grades / beginne	r)				
Please complete	the form over	leaf			
	USE ONLY				
Date received:	Teacher:				
Signed: Da	ates:		Ctourt		
Student Name:			Start		
Instrument:					

MUSICAL TUITION APPLICATION FORM PAYMENT

RETURN TO MR. STOCK AT EXMOUTH COMMUNITY COLLEGE: Make sure both sides are completed **Payment Details**:

Payment Details	•					
Cost of chosen tuition	n: £					
	u are applying for remissi oe shown to our Accounts Off					
You do not need t	o pay anything at this p	oint. You will be invoic	ed by ECC Acc	ounts Office.		
Payee Details: (Plea	se complete even if ide	entical to page overleaf	(*delete as applica	ible)		
Name: * Mr / Mrs / N	Miss / Ms:					
Address:						
		P	ost Code:			
Mobile Tel No:		Work Tel No:				
I have read the info	rmation pack and agree	e to the principles of the	e scheme, in pa	articular:		
• I will organise an inst	rument for my child					
• I agree to pay the set	fees for tuition until furthe	er written notice				
• IT IS MY RESPONSIBI	LITY TO ARRANGE INSTRUM	IENT INSURANCE. (SCHOOL	S DO NOT HAVE			
	SCIAL INSTRUMENTS ON O					
	s written notice to Mr. Stock					
	eacher will try to put my chi individual lesson (15 mins)	ild in a suitable group, if ho	wever this is imp	ractical my child		
• ECC reserves the right attendance	nt to withdraw tuition owing	g to disruptive behaviour, la	ck of payment or	lack of		
• ECC will provide 30 le	essons per year from an ins	trumental specialist				
ECC will report on my	y child's progress during the	e academic year				
Signed: (Parent / Carer):	Date:				
Signed: (Payee, if differ	ent):	Date:				
	FOR I	ECC USE ONLY				
Date received:	School:	Teacher	Lesson _			
September ECC Transf	er?					
Remission:	Verified:	Dates:				
. ,			Taster			
	Stock	Signed:				
P. SLUCK			iccounts			