

ACCENT MUSIC SCHOOL

Delwyn McKenzie, Mus.B., A.I.R.M.T.

Ph. 960-8222 Mob. 0211019063

PO Box 8317

delwyn@accentmusicschool.com

Christchurch 8440

www.accentmusicschool.com



Student Information			
<i>First Names</i>		Lesson Location: West Rolleston	
<i>Last Name</i>		M / F	DoB: / /
<i>Class number</i>		<i>Year</i>	
Desired Tuition	Recorder		
Past Musical Experience			
Instrument	Experience		
<i>e.g. Piano</i>	<i>e.g. 1 year Piano Town</i>		
Other Information			
Are there any medical conditions or disabilities to be aware of?			
If none circle N/A			
Other Comments:			

Parent/ Caregiver Information			
Primary Caregiver's Information (Fee Payer)		Secondary Caregiver's Information	
<i>Name</i>		<i>Name</i>	
<i>Phone # 1</i>		<i>Phone # 1</i>	
<i>Phone # 2</i>		<i>Phone # 2</i>	
<i>Email</i>		<i>Email</i>	
<i>Address</i>		<i>Address</i>	
Conditions of Tuition			
1. There shall be four 8 week terms per year. 2. The fees shall be \$5 per group lesson weekly. 3. The cost of printed music shall be paid in addition to the fees. 4. Invoices must be paid strictly in advance, before the first lesson of the term. 5. A term once commenced must be completed or a full term's fee paid. 6. Lessons missed by the pupils will be forfeited. 7. Half a term's notice of termination must be given. <p style="text-align: center;">I agree to abide by the conditions of tuition.</p>			
<i>Print Name</i>		<i>Signature</i>	Date: / /
Office Use Only			
Client Number	-	First Lesson	
Lesson Time		Term & Year Start	