



ENROLMENT FORM

Student Name: \_\_\_\_\_

Student Age: (If older than 18 – please mark as adult) \_\_\_\_\_

Student DOB: \_\_\_\_\_

Lesson Time & Length: \_\_\_\_\_

Instrument & Teacher (if known): \_\_\_\_\_

Guardian (If under 18) \_\_\_\_\_

Contact Phone Number/s: \_\_\_\_\_

Email address/es: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact (if unable to contact Guardian) \_\_\_\_\_

Relationship to student \_\_\_\_\_

Contact Phone Number/s \_\_\_\_\_

Where did you hear about Bianca Fenn School of Music? (If a person, please include their name)

Payment Plan: (Term in advance, lesson by lesson) \*Please take note of cancellation policy

Any other information (learning difficulties, vision/hearing impairments etc)

I wish to enrol myself/my son/my daughter at Bianca Fenn School of Music. I agree to meet all payment requirements as outlined in the cancellation policy. I accept that lessons attended are at my/his/her own risk and Bianca Fenn School of Music accepts no liability for injury. I give permission that photographs and recordings of myself/my son/my daughter may be used for advertising purposes for Bianca Fenn School of Music.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_