



ENROLMENT FORM

Student Name (Capitals) _____ D.O.B. (if under 18) _____

Parent/Guardian Name _____ Tel No. _____

Address _____

Email _____

Please provide a current email address as all communication is via email.

Subjects requested – Please circle:

Violin	Flute	Trumpet	Piano	Leaving Cert 5 th Year
Viola	Oboe	French Horn	Singing	Leaving Cert 6 th Year
Cello	Clarinet	Trombone	Ukulele	Voice Squad
Double Bass	Saxophone	Guitar	Junior Orchestra	Sinfonietta
Recorder	Bassoon	Jazz Orchestra	Young Jazz Allstars	Theory - Grade _____
Harp	Girls Choir(+12)	Musical Explorers 1: age 3-4	Musical Explorers 2: age 5-6	

Instrument Rental Required _____

Preferred Class Times: Please give as wide a choice as possible. Every effort will be made to accommodate preference – however, no guarantee can be made.

Day _____ Time/s _____

Teacher _____

Family circumstances/Learning difficulties _____

Please note that any information disclosed here will be treated in strict confidence. It is important that the teacher is made aware of any circumstances which could affect your child's behaviour in class or ability to learn

I have read and agree to adhere to the Sligo Academy of Music Regulations as per the website- www.sligoacademyofmusic.ie. I understand that keeping a photographic record is a regular part of school activities so by signing this form I am giving permission for the taking of such photographs and video.

Signed Parent/Guardian _____ Date _____

Please note that the Sligo Academy of Music is not responsible for your child outside of lesson time.