

September 2016

| <b>REQUEST FOR INSTRUMENTAL/SINGING TUITION AT GRENEWAY SCHOOL</b>  |   |        |
|---|---|--------|
| <b>(Please print)</b><br>Pupil Name:  | Male  | Female |
| Form:   | Date of birth:  |        |
| Which Instrument:   | <i>If guitar please specify:</i><br><b>electric or acoustic</b> |        |
| Does the Pupil have their own instrument?   | Yes   | No     |
| Will the Pupil hire or buy their own instrument?  | Yes   | No     |
| Does the Pupil already receive lessons on this instrument?  | Yes   | No     |
| If Yes, for how long have they received lessons?  |   |        |
| Name of current instrumental teacher:   | Grade if applicable:  |        |
| Request that lessons continue even if with a different teacher  | Yes   | No     |
| I understand that my child will be put on to a waiting list if there are no tutor spaces available  | Yes   | No     |
| <b>All lessons will be 20 minute individual lessons unless you are informed otherwise</b>   |   |        |
| I would like my child to have shared lessons if these are available   | Yes   | No     |
| <b>HELP WITH PAYMENT OF FEES (Remission of Music Fees - RMF)</b>  |   |        |
| I receive Income Support/Working Family Tax Credit  | Yes   | No     |
| I have applied to Children, Schools and Families (CSF) for Remission of Fees or will apply before the end of the current term.  | Yes   | No     |
| <i>NB: Applications for Remission of Music Fees must be made and approved by CSF &amp; Herts Music Service before lessons can start. This matter is not under the control of the school. If no application is made or is not approved by HMS parents will be invoiced for the full cost of the lessons when they start.</i> |   |        |

**I understand that a qualified music teacher will be engaged specifically to teach my child and that half a term's notice in writing is required to stop these lessons. If I do not give this notice period I will be liable for the full cost of the lessons. This is a requirement made by HCC and over which the school has no discretion or control. I understand that fees will be payable at the start of each term.**

**SEND NO MONEY WITH THIS FORM**

Signed: ..... Date: .....

Name of Parent/Carer (PLEASE PRINT): .....

Address: .....

Contact Number: .....

*This form should be returned to Greneway School, Garden Walk, Royston, Herts SG8 7JF*