



APPLICATION FORM

STUDENT NAME: _____

DATE OF BIRTH: _____ TELEPHONE: _____

ADDRESS: _____

EMAIL: _____

INSTRUMENT: _____

SCHOOL ATTENDING: _____

DEPOSIT AMOUNT € _____ TERM: _____

€100 PER INDIVIDUAL INSTRUMENT. €50 PER GROUP.

PAYMENTS ON LINE:

BIC: BOFIE2D **IBAN:** IE33BOFI90671816533768

Co. Wexford School of Music Ltd Bank of Ireland, Custom House Quay, Wexford

Please tick class you require

- | | | |
|---|---|--|
| <input type="checkbox"/> ADULT VOCAL GROUP | <input type="checkbox"/> DYNAMIX STRING GROUP | <input type="checkbox"/> SAXOPHONE |
| <input type="checkbox"/> AURAL & THEORY CLASSES | <input type="checkbox"/> FLUTE | <input type="checkbox"/> SENIOR JAZZ COMBO |
| <input type="checkbox"/> CELLO | <input type="checkbox"/> GUITAR | <input type="checkbox"/> VIOLIN |
| <input type="checkbox"/> CLARINET | <input type="checkbox"/> MUSIC MAKERS | <input type="checkbox"/> VIOLA |
| <input type="checkbox"/> CHOIR (8 - 13) | <input type="checkbox"/> PIANO | <input type="checkbox"/> VOICE |
| <input type="checkbox"/> DRUMMING/PERCUSSION | <input type="checkbox"/> RECORDER | <input type="checkbox"/> YOUTH JAZZ ENSEMBLE |

All information provided on this form is for CWSM enrolment only. It is not shared with a third party or used for any other purpose. It is used only for the process connected with organising Music Lessons, Examinations and Concerts. Please note that your name, instrument, grade, and date of birth are given to the Exam Boards (ABRSM, RockschooL & RIAM) when entering exams. Individual teachers are also given the telephone number of Parent/Guardian of students for emergency logistical arrangements. All other arrangements are made through the School Office. Students under 18 years are not contacted directly by the school. All applications must be signed by Parent/and or Guardian on enrolment so lessons can commence. Lessons are booked on a per term basis and full fees must be paid before the commencement of a second term.

Signed: _____

Date: _____

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