

# CONTINUING STUDENTS REGISTRATION FORM

SURNAME: ..... FIRST NAME:.....  
(Block capitals)

**Please update the following data where this has changed from the information given on your application form:**

EMAIL ADDRESS:.....

PHONE CONTACT: HOME: ..... WORK: ..... MOBILE: .....

**If under 18 years** AGE: ..... SCHOOL: .....

Parent's Name: ..... Contact No: .....

.....

Signature

.....

Date

### To be completed by the student/parent

First Term

Second Term

Third Term

PRACTICAL COURSE	MUSICIANSHIP
Course:	Tutor:
Tutor:	Level:
Day:	Day:
Time:	Time:

### FOR OFFICIAL USE ONLY

#### Term 1

Amount due: \$

Amount paid: \$

Balance: \$

Signature: .....

#### Term 2

Amount due: \$

Amount paid: \$

Balance: \$

Signature: .....

#### Term 3

Amount due: \$

Amount paid: \$

Balance: \$

Signature: .....