## APPLICATION FOR SCHOOL-BASED GROUP GUITAR LESSONS

PUPIL DETAILS	
FIRST NAMES	SURNAME
SCHOOL YEAR	SCHOOL
IS YOUR CHILD PREVIOUSLY EXPERIENCED ON THIS INSTRUMENT?	
PARENT / CARER DETAILS	
TITLE INITIALS SU	RNAME
EMAIL	
TELEPHONE NUMBER	
ADDRESS	
	POSTCODE
APPLICATION	
I apply for school-based group guitar lessons with Jim Elliott for the pupil named above. agree to pay the fees termly and in advance.	
SIGNED	DATE

PLEASE RETURN THIS PAGE TO SCHOOL