



# Music Department

## Instrumental and Vocal Music Programme Enrolment

STUDENT'S NAME	YEAR

PARENT/GUARDIAN DETAILS		
Name		Home Address
Home Phone	Business Phone	Email

<i>I wish my child to be enrolled in the instrumental and vocal music tuition programme on:</i>	<i>Nominate instrument/voice here</i>	
<i>Details of musical experience (if applicable)</i>		
<i>Would you like your child to sit for external performance examinations?</i> Yes      No		

### Declaration

I/We understand and accept the terms and conditions under which instrumental and vocal tuition is offered at The Rockhampton Grammar School as outlined in this booklet.

\_\_\_\_\_

Parent/Guardian name    Parent/Guardian signature    Date

**Please return this form as soon as possible to:**

Music Department  
The Rockhampton Grammar School  
Archer Street  
ROCKHAMPTON, 4700