



Peace Lutheran College
INDIVIDUAL INSTRUMENTAL LESSONS
Application form 2019

Student Name: _____

Year Level: Class _____

Parent/Caregiver Name: _____

Phone: (H) _____ (W) Mobile. _____

Parent/Caregiver Email Address: _____

Please tick the instrument that your child would like to learn

Individual Lessons

- | | |
|---|---|
| <input type="checkbox"/> Drums/Percussion | <input type="checkbox"/> Classical Vocal |
| <input type="checkbox"/> Piano/Keyboard | <input type="checkbox"/> Guitar/Bass Guitar/Ukulele |
| <input type="checkbox"/> Contemporary Vocal | <input type="checkbox"/> Violin/Cello |

Do you own or have access to your child's chosen instrument? (Please Circle) Yes / No

What standard is your child on their chosen instrument? (Please Circle)

Beginner

Intermediate

Advanced

Can your child play any other instrument/s? (Please circle) Yes / No

If so, which instrument/s? _____

By signing this form, you and your child are agreeing to the conditions set out in the music information document.

Student Signature: _____ Date _____

Parent/Caregiver Signature: _____ Date: _____

Please return completed enrolment form by email to jfox@plc.qld.edu.au