



**Peace Lutheran College**  
**INDIVIDUAL INSTRUMENTAL LESSONS**  
**Application form**

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"/> Guitar       |
| <input type="checkbox"/> Piano/Keyboard     | <input type="checkbox"/> Violin/Cello |
| <input type="checkbox"/> Contemporary Vocal |                                       |

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](mailto:jfox@plc.qld.edu.au)**