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(Office Use Only)

Lesson: Ind/Grp/MM/Sib

Day/Time: M/T/W/Th/F/S

30/40/60 min

Teacher:

Instrument:

Location: MA/StA/LLS/MPS/ WLS/OLOR/KPS/PPS/RG

Lesson: Ind/Grp/MM/Sib

Day/Time: M/T/W/Th/F/S

30/40/60 min

Teacher:

Instrument

Location: MA/StA/LLS/MPS/ WLS/OLOR/KPS/PPS/RG

Student Enrolment Form

All information will remain strictly confidential

Student's Name: _____

Date of Birth: _____

Parent's Name: _____

Residential Address: _____

Postal Address: _____

Home Phone Number: _____

Mobile Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Mobile: _____

Student Allergies: _____

Does the student have any medical condition that may require specific treatment during lessons? _____