



P.O. Box 972 Castries St.Lucia

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APPLICATION FORM

This Form is to be completed in its entirety for all new students. Ask Administrative staff for any assistance. Please Print.

Surname _____

First Name _____

Gender M F

Please list any previous musical instruction:

Child (17 yrs and younger) Date of Birth _____ Age _____ Academic School: _____

Contact Information of Parent/Guardian or Adult Student (18yrs and older):

Name: _____ Phone: Home: _____ -

_____ Work: _____ - _____ Mobile: _____ - _____

E-Mail: _____

Postal Address: _____

Listed below are all the **Practical Courses** offered. Please place an **[X]** in all relevant boxes. AD=Adult & CH=Child Choose a *preferred* lesson time 30 or 60 minutes. It is the Schools recommendation for beginning students to

choose the 30 minutes lesson time. Refer to School's Policies and Course Descriptions Brochure for fees and additional information.

CO DE	COURSE	A D	C H	30	6 0	COD E	COURSE	A D	C H	3 0	6 0
A 101	Elementary Piano					E 101	Recorder				
A 102	Intermediat e Piano					E 102	Flute				
A 103	Advanced Piano					E 103	Clarinet				
B 101	Violin					E 104	Alto Saxophone				
B 102	Viola					E 105	Tenor Saxophone				
B 103	Cello					F 101	Trumpet				
B 104	Double Bass					F 102	Trombone				
C 101	Guitar					G 101	Drumming				
D 101	Voice					G 102	Intermediate Drumming				

[] I have Access to an instrument for practice.

Listed below are all the **Special Courses** offered. Please place an **[X]** in the relevant boxes. Please refer to School's Policies and Course Descriptions for fees and additional information. AD=Adult & CH=Child. Please note that enrollment for courses **K101, MiA, and AiM** are only offered in September.

CO DE	COURSE	AD	CH	COD E	COURSE	CH
K 101	Musicianship			MiA	Music in Action	
F 103	Concert Band			AiM	Adventure in Music	
F 104	Jazz Band					
B 105	Strings Orchestra					

I hereby make application for my admission/my child's admission to St. Lucia School of Music. I have read and received a copy of the St. Lucia School Policies and agree to all its terms.

X _____

Signature of Adult Student, Parent, or Guardian

Date

OFFICIAL USE ONLY				
TERM	(1)	(2)	(3)	FEES
Code:	Code:	Code:		Amount Due: \$
Tutor:	Tutor:	Tutor:		Amount Paid: \$
Day:	Day:	Day:		Balance: \$
Time:	Time:	Time:		Date: