

Student Registration Form

Please complete this form and return it to: St. Columb's School of Music, Number 1 St. Columb's Court,
Derry-Londonderry, BT47 6P

or by email: music@stcolumbsschoolofmusic.com

Student Forename: _____ Surname: _____

Gender: M ☐ F ☐ Prefer not to say ☐

Date of Birth: ____/____/____

**If over 18, please fill out the below fields as yourself.*

Parent/Guardian Name: _____

Contact Number: _____

Email Address: _____

Home Address: _____

Postcode: _____

Details of allergies or any health problems:

Method of Payment:	Cash	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Online	<input type="checkbox"/>	Standing Order	<input type="checkbox"/>
	By Lesson	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Termly	<input type="checkbox"/>	Yearly	<input type="checkbox"/>

Please review our General Policies in full. **Please take note of our attendance, payment and withdrawal policies.** By registering, you agree to adhere to the Music School general policies.

I confirm that all the information given by me on this form is correct and accurate and that I have read and agree to be bound by the conditions outlined in the St. Columb's School of Music Handbook.

Signed _____ Date: _____

Date Accepted by School: _____