

2/ 153 High Rd WILLETTON WA 6155 Ph: 08 9354 8218 Fx: 08 9457 0632 Willetton@accessmusic.com.au

Booked in sys	
Confirmed	
Paid	

## New Tuition Application

Date:		
STUDENT DETAILS		
Given Name	Surname	
Sex (please circle) Male / Female	Age	
Address		
Suburb	Postcode	
Phone	Mobile	
<b>Medical</b> : Do you have any Medical Condition (Eg academy should know about? (All information Shall re	Epilepsy, Asthma, ADD, ADHD, Diabetes) that the main STRICTLY CONFIDENTIAL)	
TUITION	DETAILS	
TOTILON	DETAILS	
Instrument	Style	
Level	Exams Y N	
Preferred Teacher		
Preferred Days	Time	
	Time	
Lesson Style (please circle) Individual	Class	
Do you consent to being contacted by Acco	see Music vin SMS2 Voc / No	



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Next of Kin Information		
Given Name	Surname	
Address		
Suburb	Postcode	
Phone	Mobile	
Relationship to Student		
Conditions	of Application	
1 Applicants are required to pay for the	full tarm tuition prior to commencement of the	
term.	full term tuition prior to commencement of the	
2- Fees are non-refundable.		
• • • • • • • • • • • • • • • • • • • •	y weekly tuitions. In circumstances where this is within a reasonable timeframe (usually 24	
hours).		
alternative ("make up") lesson. Any fur	are eligible to arrange with their teachers ONE ther alternative arrangements are completely at Willetton is under no obligation to provide more	

- than ONE alternative ("make up") lesson.

  5- Any changes to tuition times are to be made with the Administration of Access Music Willetton, by filling in a modified form.
- 6- Access Music Willetton reserves the right to terminate this contract at any time.

I have read, understood and agree to abide by all of the above all terms and conditions.		
Student / Guardian Name:		
Date:	_Signature:	
Signing on behalf of		
Access Music Willetton: _		