



LEE ELLIE MUSIC SCHOOL REGISTRATION FORM

PERSONAL DATA

NAME (SURNAME FIRST): _____

AGE: _____

OCCUPATION: _____

PHONE NUMBER: _____ E-MAIL: _____

HOME ADDRESS: _____

COURSE/ TRAINING DATA

INSTRUMENT(S) OR COURSE OF INTEREST? _____

EXPERIENCE: BEGINNER () INTERMEDIATE () ADVANCED ()

HAVE YOU TAKEN MUSIC LESSONS BEFORE? YES () NO () IF YES, WHICH? _____

DO YOU HAVE A KNOWLEDGE OF MUSIC THEORY? YES () NO ()

PATH OF PREFERENCE? CLASSICAL () CONTEMPORARY ()

CAN YOU SIGHTSING MUSIC/ SIGHTPLAY MUSIC? YES () NO ()

WHICH WOULD YOU LIKE TO TAKE? HOME () CLASS () ONLINE () LESSONS?

FEES PAID? YES () NO () FREE WORKSHOP ()

DECLARATION

I hereby declare that the information I have given about me are true, to the best of my knowledge.

DATE OF REGISTRATION: _____ SIGNATURE: _____

FORM: N1000 ONLY. PAY TO FIRST BANK - 2018099704 - LEE VOCAL STUDIOS. MONTHLY PAYMENTS SHOULD BE PAID INTO THIS ACCOUNT BEFORE TEACHING COMMENCES. CASH SHOULD NOT BE HANDED TO ANY TEACHER AS CASH PAYMENTS ARE NOT WELCOME. PLEASE NOTE: ALL FEES ARE NONREFUNDABLE AND CLASSES MISSED WILL NOT BE REPEATED. FEES ARE TO BE PAID ON TIME TO AVOID A BREAK IN THE FLOW OF LESSONS. ATTACH A PASSPORT PHOTO TO THIS FORM. PRINT, FILL, SCAN & SEND TO INFO@LEEVOCALSTUDIOS.COM