

# CEOL SCOIL CHIARRAI TEO

(Kerry School Of Music and Performing Arts)

Old Custom House, High Street, Tralee, Co. Kerry

Tel. No: 066 7125690/Fax No: 066 7120077

Email: [kerrymusicschool@eircom.net](mailto:kerrymusicschool@eircom.net)

## **RE-REGISTRATION FORM - ONE PER STUDENT**

2011/2012

Date: / /

### Section 1: PERSONAL INFORMATION

(PLEASE USE BLOCK CAPITALS)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: M F Date of Birth (U. 18 Only) / /

Parent(s) Guardian(s) First Name(s)

\_\_\_\_\_ Work No: \_\_\_\_\_

\_\_\_\_\_ Work No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Home No. \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail: \_\_\_\_\_

### Primary/Second Level School/College being attended from September 2011 forward

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Class or year: \_\_\_\_\_

### Section 2: TUITION REQUIREMENTS

Please list all subjects you wish to continue. Length of lesson applies to private (one to one) tuition only. Please read guidelines. Length of group classes are predetermined and will be notified. Please list only subjects which you have previously attended. *A First Time Application Form must be completed for any new subject*

	Subject	Current Teacher	Length of Lesson	*Centre
1				
2				
3				
4				
5				
6				
7				

Centres: Tralee, Killarney, Dingle, Listowel, Killorglin, Castleisland, Kenmare, Abbeyfeale.

**Section 3: PAYMENT DETAILS**

**Family Registration Fee:** €35 (per family) € \_\_\_\_\_  
**Subject 1 (deposit)** € \_\_\_\_\_  
**Subject 2 (deposit)** € \_\_\_\_\_  
**Subject 3 (deposit)** € \_\_\_\_\_  
**Subject 4 (deposit)** € \_\_\_\_\_  
**Subject 5 (deposit)** € \_\_\_\_\_  
**Subject 6 (deposit)** € \_\_\_\_\_  
**Subject 7 (deposit)** € \_\_\_\_\_  
**Subject 8 (deposit)** € \_\_\_\_\_

**Method of Payment:** (Please tick)

Cash      Cheque      Bank Draft

Credit Card: Laser, Visa, Master Card    Card No: \_\_\_\_\_

Expiry Date:    /    /

User Name: \_\_\_\_\_

**Additional Information/Comments/Requests:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and clearly understand/secured the necessary clarifications regarding the Kerry School of Music Information Leaflet. I agree to abide by the rules of Kerry School of Music and to comply with the Fee Payment Schedule set by the School in the Scale of Fees and Charges 2011/2012

Signature of Parent/Guardian or Applicant (if under 18) \_\_\_\_\_

Thank you for completing this form correctly. Incomplete Applications (without FRF AND DEPOSITS) will be returned to the sender and may cause unnecessary delays.

**FOR OFFICE USE ONLY:**

**Receipt Number:**

**Date:**

<b>Subject 1</b> <b>Day:</b>	<b>Teacher:</b> <b>Time:</b>	<b>Centre:</b> <b>Length:</b>
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<b>Subject 2</b> <b>Day:</b>	<b>Teacher:</b> <b>Time:</b>	<b>Centre:</b> <b>Length:</b>
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<b>Subject 3</b> <b>Day:</b>	<b>Teacher:</b> <b>Time:</b>	<b>Centre:</b> <b>Length:</b>
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<b>Subject 4</b> <b>Day:</b>	<b>Teacher:</b> <b>Time:</b>	<b>Centre:</b> <b>Length:</b>
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<b>Subject 5</b> <b>Day:</b>	<b>Teacher:</b> <b>Time:</b>	<b>Centre:</b> <b>Length:</b>
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<b>Subject 6</b> <b>Day:</b>	<b>Teacher:</b> <b>Time:</b>	<b>Centre:</b> <b>Length:</b>
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