

ENROLMENT FORM
TUITION WITH KINGA KRUPA MUSIC ("KKM")

Commencement date: _____

Please complete the following details:

Student's full name: _____

Preferred name: _____

Date of birth: _____

Gender: F / M

Contact person (if different from Student): _____

Relationship of contact person with Student: _____

Address: _____

Telephone number: _____

Email: _____

Is it suitable for KKM to email any written correspondence to you? **Yes / No**

Do you agree for pictures of the student to be taken by KKM or third party on KKM's behalf and used by KKM in any publications and for marketing purposes? (e.g.: website, Facebook, newsletters)? **Yes / No**

Do you have any disability, sickness, or condition that KKM should be aware of? **Yes/No**
If yes, what is it?

What is your musical background?

What are your long- and short-term musical goals?

Is there any other information you would like to provide?

Time required: 30" / 45" / 60"

Select preferred days and times:

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
Time:					

Choice of classes:

- ☐ Piano
- ☐ Theory of music
- ☐ History of Music

How did you hear about Kinga Krupa Music?

- ☐ I have read and accepted Terms and Conditions

Signature:

Date: