



APPLICATION FORM



Student Name:.....
Date of Birth:Male/Female*

Do you wish to be Resident / Day* Student?

Instrument 1: Grade/Standard:

Instrument 2: Grade/Standard:

Singing Voice: (Treble/Alto).....

Do you play in the school Orchestra/Band? yes/no*

Do you sing in the school Choir? yes/no*

Do you sing or play in any other ensemble? yes/no*

(If yes, please give details
.....

How did you hear about this Course?

Do you require a special diet? yes/no*

(If yes, please give details:

School Address including post code:
.....

Head of Department Name:

Parent/Guardian: (for correspondence)

Name:

Address:
.....

Post Code:Telephone: (including Area Code)

E:mail :

Parent/Guardian signature:Date:

I have read and agree to accept the Terms and Conditions

Return this form before 17th June 2017 to:

The Secretary
Summer's Cool
87 Lime Avenue
Royal Leamington Spa
Warwickshire
CV32 7DG

enclosing payment of £150 for the non returnable deposit.

Cheques should be made payable to "Summer's Cool".

* Please delete as appropriate.