



Photo

## CLASSICAL MUSIC ENROLMENT FORM

**Name of Applicant** :

**Age & Date of Birth** :

**Gender** :

**Nationality** :

**School & class** :

**Parent / Guardian's Name** :  
(For Students only)

**Relationship with Guardian** :  
(For Students only)

**Company Name** :  
(For Adults only)

**Contact Number(s)** :  
Tel: \_\_\_\_\_ (Residence)  
Tel: \_\_\_\_\_ (Office)  
Tel: \_\_\_\_\_ (G.S.M)

**E - Mail** :  
(Mandatory)

**Local Address** :  
\_\_\_\_\_  
\_\_\_\_\_

**Blood Group** :

**Day & Time of class** :

SAT	SUN	MON	TUE	WED	THU	FRI

**Transportation required** : Yes  No

