waltons
new school
of music

LEAVING CERT. MUSIC

BOOKING FORM:
WEEKEND COURSES & WORKSHOPS

Please use **BLOCK CAPITALS** and print clearly.

RECEIVED

Post, fax or scan/email this form to:
Waltons New School of Music, 69 South Great George's Street, Dublin 2
Tel: (01) 478 1884 Fax: (01) 475 1346 Email: info@newschool.ie

Surname _____ First name _____

Full address _____

Date of birth _____ Parent or guardian's name (if under 18) _____ male / female

Phone (day) _____ evening) _____

Mobile _____ Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

For external candidates (students <u>not</u> enrolled in a full-time second-level school):

Have you previously taken the Leaving Cert. Music exam? ☐ Yes ☐ No If yes, please specify year. _____

Please list any post-Leaving Cert. courses or programmes you have completed. _____

_____

For students enrolled in full-time second-level education:

Name of school _____

School address _____

Year _____

Does your school offer music as a subject: to Leaving Cert.? ☐ Yes ☐ No

to Junior Cert.? ☐ Yes ☐ No

For all students:

In which year do you intend to take the Leaving Cert. Music exam? ☐ 2011 ☐ 2012

How did you hear about the Leaving Cert. Programme at Waltons New School of Music? _____

_____

Enrolment:

☐ Preliminary Course (Sat/Sun, 18 & 19 September 2010 / €140)

☐ Easter Revision Course (Sat/Sun, 22 & 23 April 2011; fee includes one-day pre-exam workshop on 18 June / €140)

☐ One-Day Pre-Exam Revision Workshop (Trinity College Dublin, Saturday, 18 June 2011 / €40)

Signed _____ Date _____

(To be signed by parent or guardian for students under 18. Students 18 and over should sign themselves.)

(For those booking by post, fax or email who wish to pay their fee by credit or Laser card.)
I authorise the amount of € _____ to be charged to my credit or Laser card listed below:

Signed _____ Date _____

A/C No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Name _____ Expires ☐☐-☐☐