Student name: ……………………………………………………………………… Home Group: ………………….

Previous musical experience and/or reasons for wanting to learn:
……………………………………………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………………………………………

Parent’s name: ………………………………………………………………………………………………………………………………………………………………………

Parent’s phone number(s): ……………………………………………………………………………………………………………………………………………………………

Parent’s Email: ……………………………………………………………………………………………………………………………………………………………

Please note:
• As there are limited positions available in the Vocal Program, preference may go to those who return their forms earlier.
• It is a requirement of participation that Bayview students attend Vocal Ensemble rehearsals. This not only ensures exposure to other musicians but maximum development of musicianship.
• The Vocal Program fee must be paid to the office upon submission of this form.
• If a student wishes to withdraw from the Vocal Program, they must first submit a letter signed by parents. Please be aware that upon receipt of this agreement you will still be charged for one semester if your child decides to withdraw from the program. For example; a student who withdraws after three weeks or twelve weeks will be charged the same amount. The maximum refund will be for one semester only. Refunds will only be considered for students who choose the year-long payment option and decide to discontinue after one semester. In this instance, a refund for a maximum of one semester may be granted.

Please tick the appropriate box:
My child would like to undertake the following:

☐ One semester individual lessons $ 950
☐ One semester group (up to three students) lessons $ 475
☐ Two semester yearly individual lessons $ 1900
☐ Two semester yearly group (up to three students) lessons $950

Vocal Program Agreement:
Please ensure that you have read the relevant information and sign below.

I have read the information provided and give permission for my child _______________________ to undertake vocal lessons. I understand that lessons will normally take place once a week during class time.
on a rotating basis and that weekly attendance at ensemble rehearsals is expected for Bayview students. I have included payment with this form. I agree to the WHS Music Department policy regarding refunds.

Please sign below if you have read and agree to the statement above. This form must be signed by a parent/legal guardian.

Student's name:____________________________________________________________

Parent's name:________________________________________________________________________

Signature:________________________________________Date:__________________________

To do next:
1. Return this application/agreement form and payment to the main office by: **February 6th in semester one** or **Friday June 6th** for semester two commencement.
2. Once your form and payment has been processed, the vocal teacher will contact parents directly to explain the format of lessons and to any to answer queries about the content of the program.
3. Students will be issued with a copy of the timetable and lessons will commence. A lesson timetable will also be posted on the music notice board – students will need to ensure that they check their lesson time before each lesson.
4. Enjoy the musical development of your child and come to our concerts to hear their progress!