

## Contact Details

Name of Student: \_\_\_\_\_ Male / Female

Date Of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: (please print) \_\_\_\_\_

## Other Information

Any other relevant information relating to the student: (Including health or family circumstances, learning or behavioural difficulties) *This information will be treated with strict confidence. It is important that the teacher is made aware of any circumstances which could affect your child's behaviour in class or ability to learn.*

Where did you hear about Mezzo Music Academy? \_\_\_\_\_

Do you wish to rent an instrument from Mezzo for €40 per term? Please state the instrument and size (if applicable)

## Previous Experience

Please describe the student's previous musical experience & education (if any)

Instrument: \_\_\_\_\_ Teacher/School: \_\_\_\_\_

Grades/Level achieved: \_\_\_\_\_ Any other info: \_\_\_\_\_

What styles/genres of music do you listen to? \_\_\_\_\_

What styles/genres of music would you like to learn how to play/focus on? \_\_\_\_\_

## Class Scheduling

Please indicate your order of preference in the section below, and include at least 3 options for days/times.

	Instrument/Course	Day	Times
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Preference of teacher(s): \_\_\_\_\_

Duration of Class: \_\_\_\_\_ 30 minutes \_\_\_\_\_ 45 minutes \_\_\_\_\_ 60 minutes

(Please note that 45-60 minute lessons are recommended for those studying Grade 5 and above.)

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## Theory Classes

Has the student studied Music Theory or Musicianship? Yes / No

Exam Board: ABRSM / RIAM / Trinity / Other: \_\_\_\_\_ Grade/Level achieved: \_\_\_\_\_

Please tick if the student would like to attend a weekly musicianship class. We endeavour to schedule theory classes 30 minutes before or after the student's lesson.

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## Agreement

Please return the completed form and €100 deposit to Mezzo before Friday 26th July 2019.

By signing below, I confirm that I have read, and understand the Terms & Conditions of Mezzo Music Academy, and hereby agree to abide by them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: (01) 685 2590

[info@mezzomusicacademy.ie](mailto:info@mezzomusicacademy.ie)

[www.mezzomusicacademy.ie](http://www.mezzomusicacademy.ie)

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