



POTCHEFSTROOM CENTRAL
MUSIC CENTRE

95 Beyers Naudé Street
Potchefstroom
2531

APPLICATION FORM 2021

1. Learner's details

Surname: Date of birth

First names in full..... Known Name.....

Residential addressLearners Cell number.....

Gender: Boy Girl **Hostel pupil:** Yes No **Aftercare:** Yes No **at Central** **at other**.....

Name of present school:Grade this year:

Choice of one instrument: 1st choice: **OR** 2nd choice

Level achieved:

I / we hereby apply for the admission of my child to receive tuition at the Potchefstroom Central Music School.

2. Parent/guardian's detail:

2.1 First Parent / Guardian:

Name and Surname Initials: Title

Postal address.....

Residential address:

Contact numbers: Home: Work: Cell:

E-mail: **(Please print neatly and clearly)**

2.2 Second parent / Guardian:

Name and Surname Initials: Title

Postal address.....

Residential address:

Contact numbers: Home: Work: Cell:

E-mail: **(Please print neatly and clearly)**

I/We undertake to pay the monthly instalments on or before the 7th of each month from February to November. (10 months)

EFT payment per debit order

2.3 Person responsible for payment: Name and Surname

E-Mail Contact Number

.....
SIGNATURE OF PARENT/GUARDIAN

DATE:

.....
SIGNATURE OF PARENT/GUARDIAN

DATE: