



## CSC JUNIOR GUITAR PROGRAM ENROLMENT REQUEST FORM

Return this form/contract to the College Office or email to [ahami105@eq.edu.au](mailto:ahami105@eq.edu.au)

Student's Name: \_\_\_\_\_ Year Level in 2020: \_\_\_\_\_

I (student) \_\_\_\_\_, would like to participate in the Junior Guitar program for Semester 2, 2020. In signing this form, I understand (*tick each box then sign*):

- I need to be on time for lessons,
- I need to be responsible and inform my classroom teacher, at the start of the period that I have a guitar lesson during class,
- it is my responsibility to catch up on work missed in class by attending guitar lessons,
- I need to practise in between lessons in order for the group and myself to progress,
- it is my responsibility to see my instrumental teacher to arrange a more suitable lesson time if I cannot leave class due to assessment,
- I will follow the school rules; I am Safe, I am Responsible, I am Respectful at all times,
- cancellation must come from my parent/guardian in writing through email or via phone to the Head of Department.

Please select your level:  Beginner  Intermediate  Advanced

Please select:  I own my own instrument  I do not own my own instrument (students will have access to guitars while at school for lessons and may use them to practice at break times).

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I (Parent/Guardian) \_\_\_\_\_, have read the above information together with my students and would like my student to participate in the Junior Guitar program for Semester 2, 2020.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

For further information please contact the Head of Department, Mrs Hamilton-Smith at the College or via email: [ahami105@eq.edu.au](mailto:ahami105@eq.edu.au)