

Return form to Academy @ Maestros, Stoneham Court, 100 Cockney Hill, Reading RG30 4EZ

1. Enrolment for.... (Please tick box to the right of your relevant choices)

	Gold		Silver		Bronze
New applicant	Re-audition	Name of preferred County Group (if known)			See page 4

2. Contact Details

Student Name: _____ Gender: M / F Date of Birth: _____

Address: _____

Post Code: _____

Local Authority (please circle) Bracknell / Reading / West Berkshire / Windsor & Maidenhead / Wokingham / Other (please specify)

Tel (Home): _____ Parent/Carer Mob.: _____ Parent/Carer Daytime Tel: _____

Parent / Carer's Email _____ Email checked regularly YES / NO (Delete as appropriate)

Maestros Account no. (if applicable) **G:** _____

3. Education details

Current School / College: _____

School / College in September 2010: _____

4. Instrument for which application is made

Instrument/Voice _____ (For guitar, please specify if classical/electric/bass)

Name of current teacher _____ Number of years learning _____

Details of any grades passed (include dates) _____

5. Details of existing ensemble memberships

Please list which Music Centre ensembles/County Groups student currently belongs to _____

6. Declaration (to be completed by parent/carer)

I wish to apply for a place on the Academy @ Maestros scheme for _____ (name of student)

I have read and accept the terms and conditions published on the Maestros website (hard copy available on request). **If a place is offered, I agree to pay the fees for the above-named student termly in advance and I understand that a student can only withdraw from membership at the end of an academic year.**

If you **do not** wish your child to be included in any photographs taken as part of the scheme, please tick this box

I understand that the information provided on this form will be entered into Berkshire Maestros' database to be used in connection with this application and will conform to the Data Protection Act.

Signature _____ Date _____

Mr/Mrs/Miss/Ms/Other _____ Full name (please print)

7. Help with fees

Please tick box if you require a fee remission application (See FAQs)

8. Teacher Recommendation

Teacher to sign in support of this application

Name (please print) _____

Signed _____ Date _____