



Barossa Music School Enquiry Form

Date: _____ / _____ 20____

Contact Name: _____

Contact email address: _____

Contact Phone Number: _____

Address: _____

Student Name: _____

Write "As above" if same as contact name

Age: _____

Instrument: _____

Has your child had lessons before YES NO

If yes, How long? _____

Other information: (eg: teacher, where, when etc)

Office use only

Please fill-in the form and email back to bms@faith.sa.edu.au Subject: BMS Enrolment Enquiry