TOGHER MUSIC SCHOOL REGISTRATION FORM 2017/18

Contact no: 021 4322809 – Email:toghermusicschool@gmail.com www.toghermusicschool.com

C+l+ 1D				
	Student ID First name		Surname	Date of Birth
Official use only				
Mobile no:				
E mail (plea	se print)			
Family ID	Family Name		Guardian 1	Guardian 2
Official use		,		
Address 1			Mobile no.	Mobile no.
Address 2			Mobile 110.	iviobile 110.
Address 3			E mail	E mail
Landline			L IIIaII	LIIIall
Landine	l			<u> </u>
Instrument		Teacher	Preferred Day	Preferred time
Has your child (In this section Non-specific le	been diag you must	include any diagno ficulties, Speech and	ing if applicable: arning difficulties: Yes/No sis of Dyspraxia, Co-ordina d Language issues etc)	
Has your child diagnosis): Yes	been diag	gnosed with Autisti	c Spectrum Disorder (Plea	se include pending
			y registration fee of €85.0	

Date: _____

Signed: _____

Permission Form

There may be times throughout the year that TMS would like to send a brief text message/email to parents and students (over 18 yrs.' old).

Text Messaging Permission I want to receive text messages from TMS At the following mobile number: I do **not** want to receive text messages. **Communications through E-Mail** I want to receive emails from TMS At the following email address: I do **not** want to receive emails. Permission to photograph students We are in the process of updating our website for Togher Music School. In this regard we would like to use photographs or video of your child/children performing for the web page or Instagram or in the local papers. I give permission to do so. I do **not** give permission to do so. Any photographs we use are copyright protected. They cannot and will not be used for any other purpose. All parents have the right to decline the use of photographs even though it is a security protected website. Student Name: _____

Parent Signature: Date: