



**Clarinet Lesson membership form**

**Spring Term 2019**

Teacher - Mrs L Tubb  
Start date - 15<sup>th</sup> January  
End date - 2<sup>nd</sup> April

Tuesdays

**PLEASE DETATCH FORM BELOW AND RETURN TO THE SCHOOL OFFICE OR DIRECTLY TO MRS TUBB BEFORE START DATE**

**CLARINET REPLY FORM Spring 2019**

Name of child..... Class.....

**Payment - (Please tick one)**

11 x 20 minute lessons = £110

please make payment by 14<sup>th</sup> January

- I enclose **£110 Cash** (*receipts will be issued*)
- I enclose **£110 Cheque**
- I have paid **£110** via **Bank transfer**

Reference: Name/ Clarinet  
Sort Code: 11 00 76  
Account: 00021818

- *Termly fees are not refundable*
- *Fees for rehearsals missed through a pupil's absence from school are not refundable.*
- *Lessons missed because of pupil's participation in a curriculum related activity will be re-arranged. ( If notified in advance)*
- *Rehearsals missed through absence of the teacher will be re-arranged in school time*

**Drop Off - (Please tick one)**

- My child will be escorted to school*
- My child walks to school on his/ her own*

**Absence from school club**

- I have read the absence for school club protocol detailed in the Hordle Hub.*

**Medical Declaration**

- *My child is in good health and I consider him/her capable of taking part in the activities detailed in the Hordle Hub.*
- *Please declare below any known medical condition and any medication which he/she is receiving.*
- *We ensure that a qualified first aider is on site until the end of Hub Activities.*
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Parent/ Carer signature .....

Contact details (email and phone number)

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