



## ENROLMENT APPLICATION FORM

NAME.....SCHOOL.....AGE.....INSTRUMENT.....

HOW LONG HAVE YOU PLAYED?.....

STANDARD/LEVEL OF ABILITY?.....

ADDRESS:.....

.....

TEL:.....

EMAIL:.....

**Please Indicate your preferred day to attend: Sat 10am—11.30am/Wed 4pm—5.30 pm**

I WISH TO APPLY FOR ENROLMENT IN THE ALCESTER ROCK ACADEMY  
STARTING..... I UNDERSTAND THAT IF ACCEPTED THE COST FOR ONE  
TERM WILL BE **£50.00**. (DO NOT PAY ANY MONEY NOW)

STUDENT SIGNATURE..... DATE:.....

PARENT/GUARDIAN SIGNATURE.....

PLEASE RETURN THE COMPLETED FORM TO:  
MR RENNY BADHAM,  
ROCK ACADEMY MANAGER  
ALCESTER HIGH SCHOOL TECHNOLOGY COLLEGE  
GERARD ROAD  
ALCESTER  
B49 6QQ

YOU WILL BE NOTIFIED IN DUE COURSE IF YOUR APPLICATION HAS BEEN  
SUCCESSFUL OR NOT