



ENROLMENT FORM 2025

STUDENT DETAILS:

Last Name:

Gender: Male ☐ Female ☐

Official First Name:

Date of Birth:

School in 2025:

2025 School Year

Country of Birth:

NZ Resident/Citizen: Yes / No

Address:

Level:

Email:

Suburb:
Phone(HM)

Postcode:
(MOB)

Email is our primary form of contact. By giving your email you consent to receiving newsletters and important information from HSM by email.

TUITION DETAILS: Which classes do you wish to enrol for?

HIRE: Do you wish to hire an instrument?

| | Instrument /Class | Level | | Time Choice (List two preferred times) / Specific requests |
|----|-------------------|-------|----|--|
| 1. | | | 1. | |
| 2. | | | 2. | |
| 3. | | | 3. | |

How many years have you attended the Howick School of Music?
Any other relevant musical experience?

Orchestra/Bands attended?

ENSEMBLES: Which ensemble(s) do you wish to join? (Tick Box)

String Groups: 1 2 3 (Tuesdays)

| | | | | | |
|--|---------------------------------|-----------------------------|---------------------|----------------------------------|------------------------------------|
| Junior Strings Level 4-5/ Grade 1-3 | Symphony Orchestra Grade 3-5 | Youth Orchestra Grade 6+ | Band Jam Level 1 | Wind Band Level 2-4 Grade 1-4 | Concert Band Level 4+ Grade 4-8 |
|--|---------------------------------|-----------------------------|---------------------|----------------------------------|------------------------------------|

Health/Medical needs we need to be aware of:

Emergency Contact:
Relationship:
Phone:

Learning needs we need to be aware of:

Payment Details: Please pay at shop desk with this form. For online payments wait for your invoice before making payments.

| | | | | | | | |
|---------------------------------|--|-----------------------------|--|------------------------------|------|------------------------|------|
| Class One Subscription: | | Class Two Subscription: | | Class Three Subscription: | | Total Subs: | |
| Hire Fee: | | | | Membership Levies | \$50 | Total Hire | |
| | | | | | | Total Levies | \$50 |
| Receipt Number: (Office Use) | | Paid Today: (Office Use) | | Total Cost for 2025 | | | |

- I agree to enrol my child for the **whole school year** and to pay the total cost for 2025 as written above by 1st February 2025.
- I understand that once classes have begun no refund will be given if I choose to withdraw my child from lessons.
- I understand that HSM is a not-for-profit Society and agree to abide by the society's rules and the terms of the No Refund policy (please see HSM website.)
- I understand that my child is committed to attend lessons regularly and to practice each day at home.
- I consent to my child being photographed at Concerts/Rehearsals and to photos being used in all HSM promotional material including our website and HSM Facebook page. My child will not be identified by name without my consent.

Signed: _____ Name: (Please Print) _____ Date: _____