ick School	OF N	<b>HOWICK SCHOOL OF MUSIC INC ENROLMENT APPLICATION.</b> STUDENT DETAILS:										2026		
Music in Our Community situation		LAST NAME:							GENDER:		MA	ALE		
											FEM/	ALE		
e in the second			FIRST NAME:						DATE OF BIRTH: dd/mm/yyyy					
our communi														
enrol@hsm.co.nz									Country of Birth:					
hsm.co.nz SCHOOL YEAR 2026					:				NZ Resident/Citizen: Yes / No					
ADDRESS:								EMAIL:						
SUBURB					POSTCODE:									
PHONE:					Other Ph:				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 in?									HIRE: Do you wish to hire an instrument?					
INSTRUMENT CLASS					EVEL		TIME CHOICE - please list preferred times/Specific requests.							
1							1							
2						-	2							
3							3							
How many years have you attended the Howick School of Music?									Orchestra/Band attended					
Any other relevant musical experience?														
ENSEMBLES: Which ensemble(s) do you wish to join? (Tick Box)									Emergency Contact:					
String Groups	os 1 2 3 Band Jam			Saxophone Ensemble			mble	Relationship to						
Junior Strings			Wind Band HSM Concert Band	HSM You		_	ıth Orchestra		Student: Phone:					
Symphony HSM Concert Band Learning needs we should be aware of:			This is difficult			Heal	th/Medical	needs we should be aware of:						
MEMBERSHIP	DETAIL	.S:	Please make membershi	p pa	vments at	the	shop.	or online once v	ou receive the inv	oice from	accounts@	hsm.co.	.nz	
Class One			Class Two				Class Three		ou receive me mi	То		nomico.	112	
Membership:			Membership:				Membership:			Membership subscription:				
											tal Hire			
Hire Fee			Other Charges				Membership Levy:		\$50	Other	Charges			•=0
Receipt			Amount paid				Note: All Membership is due w		ithin 30 days of your	Total	Levy costs		Φ	50
Number:		today:	oday:				application, unless a specific request is made in writing at enrolment.		fc	or 2026				
Membership Consent: Please read and TICK each conditional arrangement.								nembership ar	nd sign below to	o confirm	your agr	eemen	t of this	
I consent to becoming a member of the Howick School of Music and agree to abide by the rules of membership as described in the constitution. LINK: <a href="https://hsm.co.nz/wp-content/uploads/2025/10/constitution-of-howick-school-of-music-incorporated.pdf">https://hsm.co.nz/wp-content/uploads/2025/10/constitution-of-howick-school-of-music-incorporated.pdf</a>														
I acknowledge that my membership is non-refundable once lessons have begun in February 2026.														
	I acknowledge that my membership concludes on December 13th 2026 and that I will attend classes up until this date and any hire instrument should be returned at the last lesson.													nire
I acknowle	I acknowledge that my membership and hire must be renewed annually in November should I want to enrol for another year.													
I consent to my child being photographed at Concerts/Rehearsals and to photos being used in HSM promotional material including our website and HSM Facebook page.													ding	
Signed:				Full Name of Par or Student 18 ye						Date of Application:				