

# ***Christ with All Saints' Music School, Heaton Norris***

## ***Application Form***

Parent's/carer's name \_\_\_\_\_

Child's name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Preferred instrument \_\_\_\_\_

Second choice \_\_\_\_\_

I am interested in CwAS Music School because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which school does your child attend? \_\_\_\_\_

Signed (parent/carer) \_\_\_\_\_

Date \_\_\_\_\_

*Please return this form to: CwAS Music School, c/o 10 All Saints' Road, Heaton  
Norris, STOCKPORT, SK4 1QA*