

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*