

George Vella School of Music

Application Form – Scholastic Year 2017

Closing Date of Application – Thursday, 8th December 2016

APPLICANT NAME AND SURNAME	
APPLICANT DATE OF BIRTH AND PRESENT AGE	
HOME ADDRESS*	
MOBILE NUMBER*	
E-MAIL ADDRESS*	

I/WE HAVE READ THE PROSPECTUS WELL. BY SIGNING HEREUNDER, I/WE AM/ARE ACCEPTING ALL THE CONDITIONS, OBLIGATIONS AND RIGHTS OF THE *GEORGE VELLA SCHOOL OF MUSIC* AND THUS WILL FOLLOW THEM AS EXPECTED.

THE SCHOOL PROSPECTUS CAN BE DOWNLOADED FROM WWW.BANDAVITTORJANAXXAR.ORG

SIGNATURE OF APPLICANT:	NAME, SURNAME AND SIGNATURE OF GUARDIAN <i>(If applicant is under 18 years old):</i>
DATE OF APPLICATION	

** If the applicant is under 18 years old, the contact details should be of the named guardian.*