

**EDUCATION AUTHORITY WESTERN REGION**

**DERRY/LIMAVADY JUNIOR STRING ORCHESTRA 2024-25**

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| **STUDENT DETAILS *(to be completed by parent/guardian)*** | | | | | | | |
| **SURNAME:** |  | | **FORENAME(S):** | | *(circle name generally used)* | | |
| **MALE:** |  | **FEMALE:** | |  | | **YEAR GROUP SEPT 2024** |  |
| **ADDRESS:** |  | | | **TOWN:** | |  | |
| **COUNTY:** |  | | | **POSTCODE:** | |  | |
| **SCHOOL ATTENDED:** |  | | | **D O B:** | |  | |
| **TEL NO:** |  | | | **MOBILE NO:** | |  | |
| **EMAIL ADDRESS:** |  | | | | | | |
| ***\*\*PLEASE PROVIDE MOBILE NUMBER/EMAIL ADDRESS AS FUTURE COMMUNICATIONS***  ***FROM THE MUSIC SERVICE WILL BE SENT VIA TEXT OR EMAIL*** | | | | | | | |

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| **MEDICAL DETAILS** |
| Please indicate here if your son/daughter has any medical condition or is taking prescribed medication which we should know about: |

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| **PHOTOS/VIDEO RECORDING** |
| Occasions may arise where photos and/or video recordings will be taken during rehearsals or concert performances. We may use these for publication, training purposes, or on our website. If, for any reason, you do not wish your son/daughter to be included in photos or recordings, then please let us know in writing at the address below. |

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| **MEMBERSHIP FEES**  **Please note**: ***Music Fees are provisional and may be subject to change in accordance with EA recommendations.*** | | | | | | | | | | |
|  | **Is your child currently in receipt of Free School Meals?** *If yes, please sign and return the form (no fee required)* | | | | **YES** | |  | **NO** |  | |
|  | Membership fee is **£48.40** per year. Family discounts apply – 2 children 10%, 3 or more children 15%. **Card payments via phone to: Omagh Music Centre 028 8225 6858 or Derry Music Centre 028 7186 1116.**  Cheques/Postal Orders should be made payable to EA Western Region Music Service and returned with this form to the **Omagh Music Centre, Technology Education Centre, 2 Spillar’s Place, Omagh,** BT78 1FA**.**  *Cash must not be sent by post*. | | | | | | | | |
| **PARENT/GUARDIAN’S FULL NAME:** | | |  | | | | | | |
| **SIGNED:** | |  | | **DATE:** | |  | | | |

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| ***DERRY MUSIC CENTRE, NORTH WEST TEACHER’S CENTRE, 24 TEMPLE ROAD, DERRY Tel: 028 7186 1116*** | | | |
| **OFFICE USE ONLY** | | | |
| **RECEIPT NUMBER:** |  | **DATE:** |  |