Liverpool College

CONSULTATION Music Aptitude Test Registration Form

This form should only be completed if you wish to register your child for the Music Aptitude assessment.

Pupil's details	
Surname:	
Forename(s):	
Date of birth:	/ / Gender: Male Female *(please circle)*
Address:	
	Postcode:

Parent or Guardian details	
Surname:	
Forename(s):	
Title (Mr/Mrs/Ms/Dr etc.):	
Address:	
	Postcode:
Email address:	
Telephone numbers	Home:
	Mobile:
Relationship to Child: *(please tick)*	Mother ☐ Father ☐ Guardian ☐

Declaration
I declare the information on this application form to be true and correct and agree that it can be subject to verification. Signed (Parent / Guardian): Date: Print Name:

All information will be treated as confidential

THIS FORM MUST BE RETURNED TO THE REGISTRAR,

Liverpool College, Queens Drive, Liverpool, L18 8BG, **BY 24th SEPTEMBER 2021**