

## Music Remission Application Form

Name of Pupil: \_\_\_\_\_

School Attended: \_\_\_\_\_

Name of Parent/Carer: \_\_\_\_\_

### Parent/Carer Contact Details

**Address:**

  
  
  
  

**Tel:**

  
  

**Email:**

  
  

<b>I wish to apply for:</b>	Tick box if applicable
Remission towards Worcestershire Youth Music school tuition costs Details: _____	<input type="checkbox"/>
Remission towards Worcestershire Youth Music Area Music Centre tuition costs Details: _____	<input type="checkbox"/>
Instrument Hire Details: _____	<input type="checkbox"/>
Ensemble Membership Details: _____	<input type="checkbox"/>

**Financial Eligibility:**

To qualify for all music remissions you must be in receipt of free school meals. Please attach your letter of confirmation.

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Headteacher: \_\_\_\_\_ Name: \_\_\_\_\_

**Please return to:**  
Worcestershire Youth Music  
The Elgar Centre  
Lower Broadheath  
Worcester  
WR2 6RH