



Liverpool College

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 <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>

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 22nd SEPTEMBER 2017**