

No.	
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School registration Form

Name Of Institution _____

Tel: _____ Contact Person _____

Email _____

County _____ Sub County _____

P.O Box _____ Code _____

Type of School	<input type="checkbox"/> College	<input type="checkbox"/> Secondary	<input type="checkbox"/> School of Special Needs
	<input type="checkbox"/> Primary	<input type="checkbox"/> kindergaten	<input type="checkbox"/> Other

School Category	<input type="checkbox"/> Boarding	<input type="checkbox"/> Day	<input type="checkbox"/> Mixed
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Classification	<input type="checkbox"/> Boys	<input type="checkbox"/> Girls	<input type="checkbox"/> Mixed
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Syllabus	<input type="checkbox"/> 8:4:4	<input type="checkbox"/> GCE	<input type="checkbox"/> Any Other
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Preffered Training Day (s) _____

Activity Selected **(please refer Likely Ages)**

<input type="checkbox"/> Piano	<input type="checkbox"/> Dance	<input type="checkbox"/> Song Writing & Recording
<input type="checkbox"/> Guitar	<input type="checkbox"/> Ballet	<input type="checkbox"/> Theatre
<input type="checkbox"/> Violin/Strings	<input type="checkbox"/> Pop, R&B Band	<input type="checkbox"/> Musica Theatre
<input type="checkbox"/> Choir/Vocals	<input type="checkbox"/> String Orchestra	<input type="checkbox"/> Creative Writing
<input type="checkbox"/> Drums	<input type="checkbox"/> Drum Line	<input type="checkbox"/> Photography
<input type="checkbox"/> Visual Arts	<input type="checkbox"/> Marching Band	<input type="checkbox"/> Deejaing

	Student Name	Activity	Experience
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