

Application to take an ABRSM Music Examination in School

То:	SWPS Music Department		From: Name of Parent			
Email Address:						
Student's Name:						
Student's Form:				Student's DoB:		
Student's Music Teacher:						
Please ente	r the student na	med above	e for the follo	wing music examina	ation(s), to be ta	ken at SWP
Instrument/Voice						Grade

Table of fees for exams, and piano accompaniment, if required:

Grade	Exam Fee £	Accompaniment Fee £		
1	51.00	25.50		
2	59.00	29.50		
3	68.00	34.00		
4	74.00	37.00		
5	81.00	40.50		
6	94.00	47.00		
7	101.00	50.50		
8	119.00	59.50		

I understand that according to ABRSM Terms & Conditions, if a candidate withdraws from an exam, the fee is still payable. However, if the withdrawal is for reasons of illness and a medical certificate is provided, 75% of the fees will be refunded.

Signature	of		Date:				
Parent/Guardian:			D .				

Please return this form to SWPS Music Department by the closing date shown overleaf.





