



Leeson Park School of Music
Kensington Hall, Grove Park
Rathmines, Dublin 6

Email: enquiries@lpsm.ie
Fax: 01 496 7949

Change of Instrumental Lesson / Musicianship Class times - Request Form

We respectfully ask parents to consider the difficulties of timetabling over 600 instrumental students and therefore request that you only seek a change of time if the time allocated is **totally** unmanageable.

Please consider that making one change to a teacher's timetable may affect a further 10 to 15 students.

Completing this form does not in any way guarantee a change, but we will do our utmost to try and facilitate all of our pupils.

All forms should be returned to Leeson Park School of Music as soon as possible. The office will only deal with fully completed request forms received by post or by email and **will not accept telephone requests**. All forms will be date stamped and will be dealt with on a first-come-first-serve basis.

Please do not contact the office by phone after you have sent this form. We will contact you when all requests for changes have been processed. We would appreciate it if parents could be courteous and polite to all office and teaching staff during the timetabling period.

Closing date for the receipt of this form is **Wednesday 24th August 2011**.

Please do not contact the office by phone after you have sent this form. We will contact you when all requests for changes have been processed. We would appreciate it if parents could be courteous and polite to all office and teaching staff during the timetabling period.

LPSM CHANGE OF MUSICIANSHIP / INSTRUMENTAL LESSON REQUEST FORM

PLEASE COMPLETE EACH SECTION OF THIS FORM CAREFULLY

STUDENT NAME: _____ **Age:** _____

I WISH TO CHANGE MY CHILD'S: **Instrumental lesson** **Musicianship class**

PLEASE DELETE MY ORIGINAL TIMES AS THEY ARE TOTALLY UNMANAGEABLE

PLEASE HOLD MY ORIGINAL TIMES IF YOU CANNOT FULFIL THIS REQUEST

Instrumental Lesson(s) allocated:

Teacher: _____ Day: _____ Time: _____ Instrument: _____

Musicianship Class allocated:

Year: _____ Day: _____ Time: _____

My availability for an alternative lesson time is:

Please number in order of preference and state your earliest possible starting time

INSTRUMENTAL

Days available: Mon Tues Wed Thurs Fri Sat

Available from: _____ _____ _____ _____ _____ _____

Available until: _____ _____ _____ _____ _____ _____

Are you prepared to change teacher (please circle): Yes No

MUSICIANSHIP

Days available: Mon Tues Wed Thurs Fri

Earliest possible start time: _____ _____ _____ _____ _____

I understand that once this request form is received by LPSM my original times may be deleted from the timetable and offered to other students who are seeking a change of time.

Parent name: _____

Parent contact telephone number: _____

Parent Signature: _____