



DoMiSo Application form

Date of Application: _____

Name of child: _____

Date of birth: _____

Started/will start primary school in: September 2024 _____

Please enclose details of any medical condition or allergies we should be aware of (i.e. asthma/nuts)

Name of parent/guardian: _____

Mobile number: _____

Email: _____

Name of parent/guardian: _____

Mobile number: _____

Email: _____

Emergency name and number: _____

Yes, I have read, and I agree with the terms and conditions of DoMiSo music school 2024,

Signed: _____

ALL correspondence will be done via DoMiSo 'notice board' WhatsApp group, Private Texts and Facebook.

Please circle details of the parent /guardian to correspond with:

Preferred Class: _____ Day: _____ Time: _____

Please send completed application form with the deposit to: Clare Cherry Kinito DoMiSo, 'Littleholme' HillBerry, Blackberry Lane, Delgany, Co.Wicklow.