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Application Form

Please fill this form in **BLOCK CAPITALS** and return in person, by post or email to the above address. For further enquiries, kindly contact us. Thank you.

First Name	
Surname	
Gender	
Date of Birth	
Home Address	
Home Telephone	
Mobile Phone	
Email Address	
What instrument did you wish to learn at Salem Academy?	
How did you hear about Salem Academy?	
Any other necessary information	