# **LSO On Track Music in the Classroom 2025-26: Application Form**

Music in the Classroom is open to teachers working in Primary schools in the boroughs of Barking & Dagenham, Bexley, Greenwich, Hackney, Havering, Lewisham, Newham, Redbridge, Tower Hamlets and Waltham Forest. We are not able to accommodate independent schools.

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| **Participating teacher and school details** | | | |
| Name of teacher |  | | |
| Position in school |  | | |
| In 2025-26 I will be teaching year\* |  | \*Please note you will need to have access to KS2 pupils for this course | |
| Name of school |  | | |
| School address |  | | |
| School borough |  | School postcode |  |
| School telephone |  | | |
| Teacher direct email |  | | |
| **Aspirations and experience** | | | |
| Please list any existing musical skills or relevant experience.  N.B. no previous experience is required for acceptance on this course, this is for our information only. | | | |
|  | | | |
| Please state three specific things that you hope your pupils/school will gain from your participation. | | | |
|  | | | |
| Please state three specific things that you hope to gain, personally, from your participation. | | | |
|  | | | |
| Could you please let us know where you found the information about the MITC course? (social media, mailing, word of mouth, etc). | | | |
| **Declaration** | | | |
| I, the **participating teacher**,   * have read the course information carefully and contacted LSO Discovery with any questions * can commit to the necessary time in and out of school to participate fully and ensure my pupils’ participation * have confirmed with my SLT that my participation and the participation of KS2 pupils will be supported | | | |
| Signature of participating teacher |  | | |
| Name of participating teacher |  | | |
| I, the **Head Teacher**, confirm that,   * the teacher applying to take part will be given the time and support to complete the course * the required class time, and time out of class for the teacher and pupils will be granted * the school can commit the finances required (or as agreed) for the applicant’s participation | | | |
| Signature of Head Teacher |  | | |
| Name of Head Teacher |  | | |
| Head Teacher email address |  | | |

**For more information contact Beth Kershaw** [**beth.kershaw@lso.co.uk**](mailto:beth.kershaw@lso.co.uk) **/ 020 7382 2538**