



Cnr Darling & Bultje Streets

PO Box 661

DUBBO NSW 2830

Ph/Fax: 02 6884 6686

Email: administrator@macquarieconservatorium.com.au

Website: http://www.macquarieconservatorium.com.au

2010 ENROLMENT FORM

! Tuition cannot commence until this document is signed and returned to the Conservatorium Office

! Returning this enrolment form prior to the end of Term 4, 2009 ensures existing students retain their current booking for 2010

STUDENT INFORMATION:

Name: _____ D.O.B.: _____

Instrument: _____

School (if applicable): _____

Are you of Aboriginal or Torres Strait Islander Origin?: (Please circle) Yes / No

(The above question is optional and will not affect your enrolment. If you do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait Islander peoples).

Emergency Contact Person: Name: _____ Relationship to Student: _____

Emergency Contact Phone Number/s: _____

Relevant Medical Information: _____

Are you a new or continuing student?: (Please circle) New / Continuing

DETAILS OF PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT:

Full Name: _____

Postal Address: _____

Phone H: _____ W: _____ M: _____

I would like to receive invoices, activity statements and newsletters via email?: (Please circle) Yes / No

Email: _____

Photo / Film Agreement: (Please circle)

I do / do not give permission for my child/ren to be photographed or filmed during lessons, rehearsals and performances. I understand that the photographic material / film may be used for publicity purposes.

LESSON INFORMATION:

Teacher: _____ Number of Direct Family Members Currently Enrolled: _____

Commencement Date: _____ Location: _____

Day: _____ Time: _____ Lesson Length: _____

Type of lesson: (Please circle) Individual / 2 Share/ Group Weekly / Fortnightly

Acknowledgement: (You must be 18 years or over and responsible for payment of accounts to sign this Enrolment form)

By signing below, I acknowledge receipt of the 2010 Macquarie Conservatorium Guide to Enrolment containing the Terms and Conditions of Tuition. I understand the enrolment policies which I have read and by which I agree to abide. I also accept responsibility for the payment of each account for the student named above.

Name (Please print): _____

Signed: _____ Date: _____

Relationship to Student: _____