

TELEPHONE: (02) 6766 6911  
FACSIMILE: (02) 6766 1399

EMAIL: admin@tamworthregionalconservatorium.com.au  
WEBSITE: www.tamworthregionalconservatorium.com.au

## ENROLMENT FORM

### **INFORMATION: Please read before completing this form.**

- \* Enrolment is normally required for a minimum of one term.
- \* Fees for the term are payable in advance to the Conservatorium, not to the teacher.
- \* **Cancellation of lessons** after commencement of term will require **six weeks notice**.
- \* Refunds of fees are made only in exceptional circumstances.
- \* Lessons missed because of teacher absence will be made up by the teacher, or credited.
- \* Students are obliged to contact the Conservatorium if they are unable to attend a lesson.
- \* There is **NO** obligation on the part of the teacher to make up lessons missed by the student. **This includes absences due to school excursions.** In cases of genuine illness, the teacher may exercise discretion.
- \* The Conservatorium operates in parallel with the State School System of four terms each year.

### **STUDENT DETAILS:** (Please **PRINT**)

- \* NAME OF STUDENT: \_\_\_\_\_  
(Surname) (Other Names)
- \* (Where applicable) FATHER'S NAME: \_\_\_\_\_  
MOTHER'S NAME: \_\_\_\_\_
- \* POSTAL ADDRESS: \_\_\_\_\_
- \* TELEPHONE: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)
- \* DATE OF BIRTH (if under 18 years): \_\_\_\_/\_\_\_\_/\_\_\_\_ \* EMAIL: \_\_\_\_\_
- \* Is the student of Aboriginal or Torres Strait Islander origin?  Yes  No
- \* SCHOOL WHICH STUDENT IS ATTENDING (Where applicable): \_\_\_\_\_

**ACCOUNT DETAILS:** Name (Mr./Mrs/etc) to whom account is to be posted: \_\_\_\_\_  
Postal Address: \_\_\_\_\_

### ➔ **Media**

I give permission to have his/her image used in official publications, video recordings or for promotional purposes by the Conservatorium and/or the NSW Department of Education and Training, or to be interviewed for promotional purposes.

YES  NO

### ➔ **Health Information**

Staff should be aware of the following serious allergies, (eg. Penicillin, Food, Bee Stings etc.)

\_\_\_\_\_

Medical information that could benefit the staff, (eg. Asthma, Epilepsy, etc)

\_\_\_\_\_

In the event of an accident or sudden illness, I hereby give permission for the supervising staff to seek medical attention as required.

**OFFICE USE ONLY**

**DATE RECEIVED:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**DATABASE NO:**

\_\_\_\_\_

*I am aware that the Conservatorium is not responsible for the safety of students outside lesson times.*

**DECLARATION:** I have read and accepted the terms of enrolment.

**Signature (Parent/Guardian if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_