

STUDENT ENROLMENT FORM

STUDENT INFORMATION (PLEASE USE BLOCK LETTERS)

Surname _____ Given name _____

Date of Birth _____ Male Female

Address _____
_____ Post Code _____

Phone: (H) _____ (Mobile) _____ (W) _____

If Under 18 - Parent/Guardian Name _____

Email Address _____

Current School _____ Year/Class: _____

Relevant Medical Information _____

Has student previously been enrolled with the Riverina Conservatorium Of Music ? Yes No

TEACHER & LESSON INFORMATION (PLEASE USE BLOCK LETTERS)

Instrument A): _____	OFFICE USE ONLY New Student Enquiry Emailed <input type="checkbox"/> Date: _____
Have you spoken with a teacher? No <input type="checkbox"/> Yes <input type="checkbox"/>	Teachers Name: _____
Individual <input type="checkbox"/> Share <input type="checkbox"/> Music Craft A/B/C <input type="checkbox"/> Ensemble/Choir <input type="checkbox"/> --> Group name: _____	
Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Lesson Length _____ (min)	
Hiring an RCM Instrument ? Yes <input type="checkbox"/> No <input type="checkbox"/> Travel Charges (if Applicable): Under 60km <input type="checkbox"/> Over 60km <input type="checkbox"/>	
Instrument B): _____	OFFICE USE ONLY New Student Enquiry Emailed <input type="checkbox"/> Date: _____
Have you spoken with a teacher? No <input type="checkbox"/> Yes <input type="checkbox"/>	Teachers Name: _____
Individual <input type="checkbox"/> Share <input type="checkbox"/> Music Craft A/B/C <input type="checkbox"/> Ensemble/Choir <input type="checkbox"/> --> Group name: _____	
Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Lesson Length _____ (min)	
Hiring an RCM Instrument ? Yes <input type="checkbox"/> No <input type="checkbox"/> Travel Charges (if Applicable): Under 60km <input type="checkbox"/> Over 60km <input type="checkbox"/>	
Other: (please specify) _____	

DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT PAYMENT (PLEASE USE BLOCK LETTERS)

Surname _____ Given name _____

Address _____
_____ Post Code _____

Phone: (H) _____ (Mobile) _____ (W) _____

Email Address _____

By signing below I acknowledge that I accept the Terms & Conditions laid out in the Riverina Conservatorium of Music policy (please refer to the RCM website regularly for policy updates). I accept full responsibility for the payment of all accounts pertaining to the student detailed on this enrolment form. Should I be in default of my obligation to pay and the overdue account is referred to an agency &/or law firm for recovery, I agree to also cover all associated costs of the debt being recovered.

PRIVACY & PERSONAL INFORMATION NOTICE: I acknowledge that the personal information provided in this document is collected for the purposes of enrolment & Riverina Conservatorium of Music administration purposes. The RCM will not disclose any details provided on this form to a third party. I acknowledge that I may receive promotional material from the RCM. I agree that my image (print &/or electronic) can be used by the RCM for promotional purposes.

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____

OFFICE USE ONLY

<input type="checkbox"/> Enrolled	Instruments		
	A)	B)	Other)
	Invoice	Adjustment	Identifier
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

New Student Enquiry Email Marked