

Student Details

First Name _____ Middle Name _____ Last Name _____
Gender Male Female Other Date of Birth _____

Student Profile

School/TAFE _____ Year level _____
School Type Home Schooled Public Private Adult Other

Medical Conditions/Allergies

► Please list any allergies or conditions

i.e. Asthma, Epilepsy.

► Please list any treatment or
preventative measures i.e. student carries
inhaler or epi pen

Disability and/or special conditions Yes No Please specify _____

Aboriginal/Torres Strait Islander Yes No

Non English-speaking background Yes No Please specify _____

Account Details

Title _____ First Name _____ Last Name _____

Residential Address _____

Suburb/City/Town _____ State _____ Postcode _____

Phone B/H _____ Phone A/H _____ Mobile _____

Email _____

Emergency Contact Person

In case of an emergency this person will be contacted if we are unable to contact the account holder listed above or the student is the account holder

Title _____ First Name _____ Last Name _____

Residential Address _____

Suburb/City/Town _____ State _____ Postcode _____

Phone B/H _____ Phone A/H _____ Mobile _____

Relationship to Student _____

Relationship to Account Holder _____

Please turn over...

Rehearsal and Exam/Performance Details

Please contact your chosen accompanist (contact details below) to discuss rehearsal requirements, dates and times. Once both parties have agreed please complete this section and submit to the office of Murray Conservatorium

Accompanist

Exam Syllabus

					Grade
Day	Date	/	/17	Time	Duration
Day	Date	/	/17	Time	Duration
Day	Date	/	/17	Time	Duration
Day	Date	/	/17	Time	Duration
Day	Date	/	/17	Time	Duration
Day	Date	/	/17	Time	Duration

Photographing of Students

Please tick the box if you do not give permission for images to be taken of the above mentioned student. Images may be used for promotional purposes by the Murray Conservatorium.

Agreement

By signing below, I acknowledge that I accept the terms and conditions of the Murray Conservatorium and accept full responsibility for the payment of all accounts pertaining to the rehearsal/exam dates as detailed on this agreement form.

Print Name

Signature

Date

TO SIGN THIS FORM •

YOU MUST BE 18 YEARS OR OVER

• NOTED AS BILLING CONTACT ON FRONT OF THIS FORM

2017 Fees:

30 minutes \$34.00

45 minutes \$51.00

60 minutes \$68.00

Exams with a duration of less than 30 minutes are subject to the minimum charge of \$34.00

Recommended Accompanist

Marjorie Glanville (02) 6026 7537

Dieter Hartwig 0405 533 373

Robyn Krowicky (02) 6041 4249

Greg Lewis 0439 430 536

Cheryl Lewis 0438 262 346

Bernadette Packer (02) 6041 4249 grade 3 and under only

Janet Turewicz 0439 110 148

Roman Turewicz 0439 110 147

OFFICE USE ONLY: Date Received:

____/____/____

Family No. _____

Timetable ASAP Account

Student No. _____

Database Created

Tutor Enrolment

Entered By: _____

Notification Database Invoice Issued

Instrument

Mail Chimp Roll Database Hire Form

Date Entered: _____