

STUDENT ENROLMENT FORM



Date of Enrolment :

Term/Date Commencing :

Learner Name :

Date of Birth :

School Year Level :

Home Classroom / Teacher (where applicable) :

Parent's/Caregiver's Name :

Phone Numbers :

Email Address :

Residential Address :

Major Instrument (e.g Acoustic Guitar) :

Minor Instrument (if studying) :

Course of Learning (Matt to complete) :

N.B*Please note that students will be expected to purchase the designated curriculum book which would be added to Fees Invoices.

Consent

I give permission for Total Music Australia to provide instrumental music instruction to my child. In the unlikely event of illness or accident befalling my child during an instructional session, I waive all liability on Total Music Australia and consent to engage any third party local healthcare providers should Total Music Australia be unable to contact me personally and my child's health is deemed to be at risk. Any costs incurred in the provision of care to my child shall be entirely my responsibility.



Australian
Music
Examinations
Board

Signed:

Print Name:

Relationship to enrolled Learner: