

ENROLMENT FORM 2024

The information collected in this form ensures we have all the relevant information about our students, especially related to any health information. It is also necessary to collect some information for statistical purposes as required by the Department of Education. We appreciate your co-operation in providing accurate information.

Please complete **all details** and **all sections** (write nil or N/A if not applicable on both pages of this form)

STUDENT INFORMATION

Has the student previously been enrolled at the Conservatorium?	<input type="checkbox"/> Yes, continuing student <input type="checkbox"/> No, new student	
Student Surname		
Student Given name(s)		
Date of birth (if under 18)		
Gender (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		
Suburb/Town		Postcode
School (in 2023)		Year/Class (in 2024)

BILLING AND CORRESPONDENCE INFORMATION

	Billing Contact This person will be responsible for account payment	Correspondence Contact All correspondence will be sent to this person
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Same as Billing Contact <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Surname		
Given Name		
Relationship to student		
Address		
Suburb/ Town		Postcode
Email		
Contact Number		

ADDITIONAL EMERGENCY CONTACT INFORMATION

This should be a different person to the Billing / Correspondence contact above.

Full Name	
Relationship to Student	
Phone Number	

PUBLICITY AUTHORITY

The Conservatorium may use images from events in our publicity and promotional material. Students may also be interviewed for promotional purposes. Do you give permission for images to be used for this purpose?	<input type="checkbox"/> Yes, I give permission <input type="checkbox"/> No, I do not give permission
--	--

HEALTH INFORMATION

Does the student have any serious allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have any physical or intellectual disabilities?	<input type="checkbox"/> Yes, <i>please specify</i> <input type="checkbox"/> No
Any additional medical information (<i>please attach asthma action plan, anaphylaxis action plan etc....</i>)	
Does the student have any special needs or requirements that the teacher should be aware of?	<input type="checkbox"/> Yes, <i>please specify and attach any necessary reports/information</i> <input type="checkbox"/> No
In the event of an accident or sudden illness, I give permission for the teacher or the Gunnedah Conservatorium to seek medical assistance as required. If NO, please ensure you provide an additional emergency contact on the previous page.	<input type="checkbox"/> Yes, <i>I give permission (please specify)</i> <input type="checkbox"/> No, <i>I do not give permission</i>

STATISTICAL INFORMATION

For us to provide a better service to our students and meet state funding requirements, please provide the following information.

Does the student identify as Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student from a non-English speaking background? If yes, please specify what language is spoken at home.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been identified by a school as gifted and talented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about the Gunnedah Conservatorium?	

TUITION INFORMATION

	Instrument/ Activity 1	Instrument/Activity 2	Instrument/Activity 3
Instrument/Program			
Type	<input type="checkbox"/> Individual <input type="checkbox"/> Shared <input type="checkbox"/> Group/Ensemble	<input type="checkbox"/> Individual <input type="checkbox"/> Shared <input type="checkbox"/> Group/Ensemble	<input type="checkbox"/> Individual <input type="checkbox"/> Shared <input type="checkbox"/> Group/Ensemble
Location	<input type="checkbox"/> Conservatorium <input type="checkbox"/> School	<input type="checkbox"/> Conservatorium <input type="checkbox"/> School	<input type="checkbox"/> Conservatorium <input type="checkbox"/> School
Lesson Day/Time			

AGREEMENT

By signing this enrolment form you agree that you have received a copy of and accept the Terms and Conditions of Enrolment.

Signature

Date

You must be 18 years or over and responsible for invoice payment to sign enrolment form