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STUDENT ENROLMENT FORM

STUDENT INFORMATION

Surname: _____ Given Name: _____
 Date of Birth: _____ Male Female Other
 Current School: _____ Year/Class: _____
 Relevant Medical Information: _____
 Has the student previously been enrolled with the Riverina Conservatorium of Music? Yes No
 Address: _____ Postcode: _____
If under 18 –
 Parent/Guardian Name: _____ Phone Number (M): _____
 Email Address: _____

TEACHER & LESSON INFORMATION

<p>Instrument A): _____</p> <p>Have you spoken with a teacher? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Teachers Name: _____</p> <p>Lesson Type: Individual <input type="checkbox"/> Share <input type="checkbox"/></p> <p>Lesson Frequency: Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/></p> <p>Lesson Length (minutes): _____</p> <p>Ensemble/Choir Group Name: _____</p> <p>Hiring an RCM Instrument? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Instrument B): _____</p> <p>Have you spoken with a teacher? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Teachers Name: _____</p> <p>Lesson Type: Individual <input type="checkbox"/> Share <input type="checkbox"/></p> <p>Lesson Frequency: Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/></p> <p>Lesson Length (minutes): _____</p> <p>Ensemble/Choir Group Name: _____</p> <p>Hiring an RCM Instrument? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT

Surname: _____ Given Name: _____
 Address: _____ Postcode: _____
 Email Address: _____ Phone Number (M): _____

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 understand that a travel fee may apply if my lessons take place, at a school, over 60kms out of Wagga Wagga. 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 _____ **DATE** _____ **SIGNATURE** _____

Action	Date	Initials	OFFICE USE ONLY
Enrolled	<input type="checkbox"/>	<input type="checkbox"/>	COMMENTS:
Identifier	<input type="checkbox"/>	<input type="checkbox"/>	
Invoiced	<input type="checkbox"/>	<input type="checkbox"/>	