

Port Macquarie Campus, 56 Hollingworth Street, Port Macquarie NSW 2444 Mobile: 0457 266 200 Email: manager@cmnc.org.au

ABN: 12 412 982 585

Web: www.cmnc.org.au

ENROLMENT FORM

| TUTOR NAME: | | |
|--|------------------------------|-------|
| Student Name: | | |
| M□ F□ Date of Birth:/_ | | |
| School: | Year: | Class |
| Instrument(s): | | |
| Are you enrolled in elective music at school? | ☐ Yes | □ No |
| Parent's/Caregiver's Name Mr / Mrs / Ms: Street Address: | | |
| Phone: (H) Phone (W) | Mobile | |
| Secondary contact: Ph: | Mob: | |
| Do you identify as being Aboriginal / Torres Strait Isl | ander? \Box Yes / \Box N | Jo |
| Are you from a Culturally and Linguistically Diverse (CALD) background? Yes / No | | |

CONDITIONS OF ENROLMENT

Fees for all lessons are charged on a 'per term' basis, unless the student starts late in the term. Invoices are issued prior to the commencement of term (where possible) and are payable by the due date on the invoice. Fees may be paid via cash (by arrangement), cheque or by direct deposit to our bank account. Lessons may be cancelled by the Conservatorium if fees are in arrears with an administrative charge of \$10 (minimum) being applied to outstanding accounts.

NO REFUNDS will be given for **missed lessons**. Lessons missed by the tutor will be made up or credited to your account.

The Conservatorium's tutors reserve the right to **discontinue lessons** where a student's behaviour or attitude is deemed inappropriate, in consultation with the student's parent or guardian.

Terms are generally the same as those of the public schools. Lessons are not held on public or school holidays.



All students are encouraged to **perform** at in-house concerts or at public functions. The Conservatorium and tutors encourage students to undertake exams and enter eisteddfods, however, this should always be in consultation between the tutors, parents and student. Students are also encouraged to join Conservatorium associated ensembles which provide access for performance opportunities.

Parents are encouraged to discuss their child's progress with his/her tutor, however, this should be during their child's lesson. Lessons begin and end promptly at the designated time, so your punctuality would be appreciated.

Parents are reminded that students are expected to **purchase their own music books** as needed as our staff will not contravene the Copyright Act NSW with regard to photocopying.

Our staff have been trained in **child protection** issues and will always endeavour to provide a safe and happy environment for your child.

2. STUDENT HEALTH INFORMATION

| 1. Serious allergies the staff should be aware of, eg. Penicillin, food, bee stings etc. | | | |
|---|--|--|--|
| 2. Medical information that could benefit the staff, eg. Asthma, epilepsy etc. | | | |
| 3. Does the student have a disability? | | | |
| 4. In the event of an accident or sudden illness, I hereby give permission for the | | | |
| Tutor/Conservatorium to seek medical assistance as required. Yes No | | | |
| 3. AUTHORITY TO PUBLISH | | | |
| The Conservatorium Mid North Coast would like to be able to use photographs or video images of students for use in their promotion and publicity. The use of the student's images may include, but is not limited to, electronic and print promotional material, the Conservatorium Mid North Coast website and in local media promotion activities such as the local newspapers. | | | |
| If you sign this release form, it means that you agree to the following: | | | |
| 1. The Conservatorium Mid North Coast is able to use your image(s) as many times and in as many ways as it requires. | | | |
| 2. Your image(s) may be reproduced in colour or black and white and may be altered, distorted or blurred for design purposes. | | | |
| 3. You will not be consulted about the specific context in which your image(s) appear. | | | |
| 4. You may be interviewed for promotional purposes. | | | |
| Your agreement to permit the use of your image(s) is greatly appreciated. Any enquiries may be directed to the Manager of the Conservatorium Mid North Coast on 0457 266 200. | | | |
| I have read, understand and agree to abide by: | | | |
| 1. Conditions of Enrolment | | | |
| 2. Health Information | | | |
| 3. Authority to Publish ☐ Yes ☐ No | | | |

Date:

Signature: _