



Music Examination Enrolment Form

This form **MUST** be handed in to Office **3 DAYS PRIOR** to the Closing Date.

Teacher	
Student Name	
Student's Date of Birth	/ / (DD / MM / YY)
Instrument	(e.g. Piano, Violin)
Type	(e.g. AMEB, ABRSM)
Grade	(e.g. Piano for Leisure Grade 4)
New / Old Syllabus?	(If not sure, write which Series you are using)
Examination Session	(e.g. Metro 4th)
Dates to avoid	

Payment Details

Please tick:

I enclose my cheque/money order for \$_____ payable to Whitehorse Music.

I wish to pay by Credit Card (incurs small 1% fee).

Please circle: **Visa** **Master** **Amex** Name on card: _____

Card Number: _____ Expiry Date: ____ / ____

I authorize Whitehorse Music to charge my credit card for: \$ _____ Signature: _____ Date: _____

Parental Consent:

I have completed the form above, checked the exam session dates and have discussed with the teacher regarding enrolling my child for a Music Exam.

I understand that:

- i. the Music Exam may be set on any day during the week (including Saturday and Sunday), and anytime during the day (between 9am~6pm). If there are days that I/my child cannot attend, I have mentioned this above.
- ii. AMEB will let me know of the exam date 3 weeks prior to the examination session.
- iii. the examination fee set out by AMEB must be paid to Whitehorse Music with this enrolment.
- iv. the examination fee cannot be refunded, unless with a medical certificate (50% of the fee can be refunded by AMEB).
- v. Consent from the Teacher is required.

Signed: _____ Name: _____ Date: _____

Teacher's Consent

I have discussed enrolling my student for the Music Exam with my student and his/her parent/guardian. I agree to enroll my student for the exam.

Signed: _____ Name: _____ Date: _____

For Office Use:

Application Sent: / /