

AUSTRALIAN GUILD OF MUSIC EDUCATION



INC A10797

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RE-ENROLMENT FORM

NAME:

ADDRESS: SUBURB:

STATE: POSTAL CODE:

POSTAL ADDRESS:

EMAIL ADDRESS:

DATE OF BIRTH:

AUSTRALIAN CITIZEN: YES/NO

VISA DATES:

PHONE:

MOBILE:

FAX:

OTHER:

FEE HELP: (Circle apply for FEE HELP and obtain application form & information booklet) YES/NO

*NOTE this only applies to students enrolling in the Bachelor of Music Degree.

NEXT OF KIN: (Or person to contact in case of an emergency)

CONTACT PHONE NUMBER:

EDUCATION DETAILS: (State level of secondary and or tertiary certification)

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ADDITIONAL INFORMATION:

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COURSE: Name the course for enrolment:

FULL TIME/PART TIME:

MAJOR INSTRUMENT: LEVEL: (If any)

SECOND INSTRUMENT:

THEORY LEVEL: (If any)

PREVIOUS MUSIC QUALIFICATIONS: (If any)

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I accept the place I have been offered and acknowledge that I have received and read the AGM:ED handbook and I am familiar with the requirements. I have also received a Course Syllabus, and guild guide pamphlets. I note that there are no refunds once fees are paid. (Except under exceptional circumstances).

Signed:

Date: