



# Upper Hunter Conservatorium Of Music Inc

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## ENROLMENT FORM

Please complete and return to PO Box 816 Muswellbrook 2333

_____	_____	_____
STUDENT NAME	DATE of BIRTH	YEAR AT SCHOOL
_____	_____	_____
PARENT/GUARDIAN NAME	SCHOOL ATTENDED	SEX
ADDRESS _____	_____	_____
_____	HOME PHONE	WORK PHONE
_____	_____	_____
_____	MOBILE	_____
_____	EMAIL ADDRESS	_____
EMERGENCY CONTACT - NAME	EMERGENCY CONTACT - NUMBER	_____

Main language spoken at home (other than English) \_\_\_\_\_

Is this student of Aboriginal or Torres Strait Islander descent (Please Circle) YES/NO

Has this student, or any other family members, ever been enrolled with UHCM? YES/NO (Please give details)

### PROGRAM DETAILS

INSTRUMENT/ GROUP/ENSEMBLE \_\_\_\_\_ TEACHER (If known) \_\_\_\_\_

LOCATION of LESSON \_\_\_\_\_ DAY / TIME of LESSON (If known) \_\_\_\_\_

#### Please indicate the type of lessons the student will be having:

- |  |  |
|--|--|
| <input type="checkbox"/> Individual – 1 Hour lesson    | <input type="checkbox"/> Shared – 1 Hour lesson (subject to availability)    |
| <input type="checkbox"/> Individual – 45 minute lesson | <input type="checkbox"/> Shared – 45 minute lesson (subject to availability) |
| <input type="checkbox"/> Individual – 30 minute lesson | <input type="checkbox"/> Shared – 30 minute lesson (subject to availability) |
| <input type="checkbox"/> Individual – 20 minute lesson | <input type="checkbox"/> Drama Ensemble                                      |
| <input type="checkbox"/> School Band Only              | <input type="checkbox"/> Hunter Youth Choir                                  |
| <input type="checkbox"/> Early Childhood Music         | <input type="checkbox"/> Ensemble _____ (Please specify which Ensemble)      |

#### Please indicate your instrument arrangements:

- Hire from UHCM (Strings, Woodwind, Brass & Guitar Only)
- UHCM Hire to Buy Program (Woodwind & Brass Instruments Only)
- I have my own instrument
- Other \_\_\_\_\_

**OFFICE USE ONLY:**

Inst. Hire form sent

HTB info sent

## DECLARATION

By signing below, I acknowledge that I accept the Conditions of Enrolment of the Upper Hunter Conservatorium of Music outlined on pages 12, 13 & 14 of the Student Handbook and accept full responsibility for the payments of all accounts pertaining to this enrolment as detailed on this enrolment form.

\_\_\_\_\_  
Signature of Student *(If over 18 years of age)*

\_\_\_\_\_  
Signature of Parent/Guardian  
*(If under 18 years of age)*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

## AUTHORITY TO USE PHOTOGRAPHIC or VIDEO/FILM IMAGES (for students under 18years)

I \_\_\_\_\_ give permission for \_\_\_\_\_ ,  
a student of the Upper Hunter Conservatorium of Music Inc, to:

1. have his/her image used in official publications, video recordings or for promotional purposes by the Upper Hunter Conservatorium of Music and/or the New South Wales Department of Education.
2. be interviewed for promotional purposes.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

## CURRENT MEDICAL CONDITIONS

Does your child suffer from any of the following?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Any allergic condition                       | <input type="checkbox"/> Skin condition                  | <input type="checkbox"/> Diabetes                            |
| <input type="checkbox"/> Epilepsy, fits or blackouts                  | <input type="checkbox"/> A disability or chronic illness | <input type="checkbox"/> Asthma <i>(include asthma plan)</i> |
| <input type="checkbox"/> Attention Deficit Disorder <i>(ADD/ADHD)</i> | <input type="checkbox"/> Behavioural problems            | <input type="checkbox"/> Other                               |

If yes to one or more, please give details (attach sheet if required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an emergency medical plan?

- Yes *(please attach copy)*  
 No

OFFICE USE ONLY:

ES Updated  MC Updated

MYOB Updated