



Upper Hunter
Conservatorium
of Music

Upper Hunter Conservatorium of Music Inc

PO Box 816

MUSWELLBROOK NSW 2333

Phone: 02 6541 4888

Email: admin@uhcm.com.au

80 Bridge Street

MUSWELLBROOK NSW 2333

Fax: 02 6541 4999

Website: www.uhcm.com.au

ABN: 74 576 747 023

CHANGE OF ENROLMENT 2018

STUDENT NAME _____

Please complete the relevant section(s) by circling the applicable change(s), sign at the bottom and return to the UHCM office. (No changes or additional enrolments can take effect unless this form is signed at the bottom.)

Additional Enrolment – LESSONS OR ENSEMBLE (Student already enrolled in another instrument or Ensemble)

My child is/I am enrolling in _____ for _____ minutes with _____
(insert teacher's name)

I understand that there is a cost for the lessons or ensemble and this has been explained to me by the teacher/UHCM Office. I have read the Conditions of Enrolment provided with this form.

Lesson Change – TYPE

My child is/ I am currently enrolled in **group** lessons in _____ (instrument/subject) and would like to change to:

individual lessons of 20 minutes/ 30 minutes/ 45 minutes/ 60 minutes duration. I prefer for this change to **take effect in Week 6/beginning of next Term**____(Please note changing lesson type during a term will result in a difference in fees and will be invoiced/credited accordingly.)

Lesson Change – LENGTH

My child is/ I am currently having individual lessons in _____ (instrument/subject) and would like to:
increase / decrease to

20 minute / 30 minute / 45 minute / 60 minute lessons.

I prefer for this change to **take effect in Week 6/beginning of next Term**____(Please note changing lesson lengths during a term will result in a difference in fees and will be invoiced/credited accordingly.)

Lesson Change - TEACHER

My child is/I am currently having individual lessons in _____ (instrument/subject) and would like to change teachers. **A change of teacher is only permitted in exceptional circumstances after discussion with the Director.**

CANCELLATION OF LESSONS

My child is/ I am currently enrolled in _____ (instrument/subject/Ensemble) and would like to withdraw from lessons. I understand that withdrawals can only be done at the **end of Week 5 (half term)** and at the **end of Term**. If I wish to withdraw at another time throughout the term I understand I will have to pay for the remaining lessons.

I would like lessons to cease in: (please circle)

Week 5 (half term withdrawal)

End of Term

Reason: _____

Preferred method of contact

Home phone _____ Mobile _____

Email _____

Parent / Guardian or student if over 18 signature: _____ **Date:** _____

OFFICE USE ONLY Date Received: _____ Approved by Director: _____ Teacher: _____

Teacher notified Payclaim updated Roll updated

Database updated Account updated Actioned by: _____ Date: _____