



Administrator: Sharon Casey

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HOLT ACT 2615

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MUSIC ENROLMENT FORM 2021		OFFICE USE ONLY	
Student Surname:		Music Teacher.: ..... Year of Entry: .....	
Student Given Names:		Info Sent: Welcome Letter Financial Policy	
Preferred Name:			
MUSICAL INSTRUMENT PREFERRED: Piano, Guitar, Violin, Other			
Preferred Music Teacher (if known):			
Family Details			
Invoice to [eg Mr & Mrs Smith]			
Address Suburb/City		Pcode	_____
Family Phone Number		Email:	
Student Details			
Preferred Name:		<b>School:</b> Majura/Macquarie/Turner/St Josephs <b>Year</b>	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)		Class Name	
Date of Birth		Class Teacher	
Current Age in years		Other instruments being learned:	
Other siblings in music program?    Y/N		Name(s) of siblings in program	
Contact Details			
Details	Parent/Guardian 1	Parent/Guardian 2	
First Name			
Surname			
Relationship			
Address – Street			
Suburb & Post Code			
Home Phone Number /Work Phone			
Mobile			
Email Address			
Other information we should know about your child for their health, safety and welfare?			