



Administrator: Sharon Casey
 6/131 Britten Jones Drive
 HOLT ACT 2615
 M: 0418 405 236 | E: musicfun@jocresswell.com

MUSIC ENROLMENT FORM 2023	OFFICE USE ONLY
----------------------------------	-----------------

Student Surname:	Music Teacher.: Year of Entry: Info Sent: Welcome Letter Financial Policy
Student Given Names:	
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:	School: Majura/Macquarie/Turner/St Josephs Year
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?		