

Please complete & return



MITCHELL CONSERVATORIUM INC

2010 Enrolment Confirmation & Media Consent Form

Student Name: _____ DOB ____/____/____

Male Female Sibling of existing student Yes / No (please circle)

Mother - Given Name/s: _____ Surname _____

Father or Guardian - Given Name/s: _____ Surname _____

Phone (home) _____ (mobiles) _____

Phone (work) Mother _____ Father _____ Guardian _____

Home address: _____ Postcode _____

Postal Address (if different from above) _____

Email: _____

I have read, understood and hereby agree to abide by the Conditions of Enrolment, as outlined in the latest Enrolment Information Brochure. I understand that this enrolment will continue until I give written notice for lessons to cease, and that 3 weeks notice is required to cancel lessons.

_____/_____/_____
Student / Parent / Guardian Date

Permission for media appearances

I give permission for myself, son/daughter (as named above) to be photographed, named, filmed and interviewed, in the circumstances outlined in the *attached Enrolment Information brochure* and in **All News Media in Australia* in the *Conservatorium newsletter*, and *Conservatorium and/or DET* related promotions on the **World Wide Web*. (*NOTE: If you wish to specifically withhold consent from any of the above media, please exclude them by crossing them off the form.)

I understand that this consent remains until 31 December 2010, and if I wish to review my consent I should contact the Conservatorium.

_____/_____/_____
Student / Parent / Guardian Date

Return to your Division: Bathurst students Mitchell Conservatorium Inc, PO Box 1387, Bathurst 2795
Lithgow students Mitchell Conservatorium Inc, PO Box 586, Lithgow, 2790
Forbes Students Mitchell Conservatorium Inc, PO Box 550, Forbes 2871

Name of School: (If tutored at school) _____

Instrument	Length of lesson	Day & time	Teacher	Date to Start/ed

Please turn over and complete for all students under age of 18 years →