



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:	School: Majura/Macquarie/Turner/St Josephs	Year
Gender <input checked="" 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?		