



Upper Hunter Conservatorium of Music  
*The Convent*  
8 Sowerby Street  
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Email: [uhcm@hunterlink.net.au](mailto:uhcm@hunterlink.net.au)  
ABN: 74 576 747 023

## ENROLMENT FORM

Please complete and return to the above address

STUDENT NAME \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_

SEX (Please Circle) Male/Female

PARENT/GUARDIAN NAME \_\_\_\_\_

SCHOOL ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

\_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

EMERGENCY CONTACT  
NAME \_\_\_\_\_

EMERGENCY CONTACT  
PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Main language spoken at home (other than English) \_\_\_\_\_

Is this student of Aboriginal or Torres Strait Islander descent (Please Circle) YES/NO

Has this student, or any other family members, ever  
been enrolled with UHCM?

\_\_\_\_\_  
\_\_\_\_\_

Is there any other important information UHCM  
should know about this student?(Please provide  
details) Medical Conditions see page 2

\_\_\_\_\_  
\_\_\_\_\_

### PROGRAM DETAILS

INSTRUMENT/ GROUP/ENSEMBLE \_\_\_\_\_

TEACHER (If known) \_\_\_\_\_

LOCATION of LESSON \_\_\_\_\_

DAY / TIME of LESSON (If known) \_\_\_\_\_

Please indicate what type of lessons the student  
will be having:

- 30 minute shared lesson
- 20 minute individual lesson
- 30 minute individual lesson
- School Band Only
- Drama Ensemble
- Early Childhood Music
- Other \_\_\_\_\_

Please indicate your instrument arrangements:

- Hire from UHCM
- UHCM Hire to Buy Program
- I have my own instrument
- Other \_\_\_\_\_

OFFICE USE ONLY:

Inst. Hire form sent

HTB info sent

Please complete photographic / video authorisation & medical conditions overleaf.

**DECLARATION**

I have read and understand the **Conditions of Enrolment** outlined on page 4 of the **Conservatorium's Student Handbook**.

\_\_\_\_\_  
Signature of Student *(If over 18 years of age)*

\_\_\_\_\_  
Signature of Parent/Guardian  
*(If under 18 years of age)*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**AUTHORITY TO USE PHOTOGRAPHIC or VIDEO/FILM IMAGES**

I \_\_\_\_\_ give permission for \_\_\_\_\_ ,  
a student of the Upper Hunter Conservatorium of Music Inc, to:

1. have his/her image used in official publications, video recordings or for promotional purposes by the Upper Hunter Conservatorium of Music and/or the New South Wales Department of Education and Training.
2. be interviewed for promotional purposes.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**CURRENT MEDICAL CONDITIONS**

Does your child suffer from any of the following?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Any allergic condition                       | <input type="checkbox"/> Skin condition                  | <input type="checkbox"/> Diabetes                            |
| <input type="checkbox"/> Epilepsy, fits or blackouts                  | <input type="checkbox"/> A disability or chronic illness | <input type="checkbox"/> Asthma <i>(include asthma plan)</i> |
| <input type="checkbox"/> Attention Deficit Disorder <i>(ADD/ADHD)</i> | <input type="checkbox"/> Behavioural problems            | <input type="checkbox"/> Other                               |

If yes to one or more, please give details (attach sheet if required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an emergency medical plan?

- Yes *(please attach copy)*  
 No

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE