



**1918 – 2018**

Australian  
Music  
Examinations  
Board (WA)

Postal Address:  
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rockschool® **EXAMINATION ENROLMENT FORM**  
THIS FORM MAY BE PHOTOCOPIED FOR CONVENIENCE ABN: 37-882-817-280

**ENROLLER DETAILS:**  
*(PLEASE NOTE THAT ALL CORRESPONDENCE WILL BE SENT TO THE ADDRESS GIVEN BELOW)*

Is this entry being submitted by A School   
or Private Teacher   
or Self Entry

Name of School/Enroller or Self Entry: \_\_\_\_\_

Mr/Mrs/Ms/Dr \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

Telephone: (Mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Please tick if this is a change of Address since your last entry.

**ANY OTHER INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Drum exams please specify:

- Acoustic or electric
- Right or left handed

Guitar exams please specify:

- Acoustic or electric

Selected week:  
 Week 23 (28 May – 3 Jun 2018)  
 Week 47 (12 – 18 Nov 2018)

TOTAL FEE ENCLOSED: \$ \_\_\_\_\_ :  
**FORM OF PAYMENT:**

Cash  Cheque\*  Credit card  
**\*Please make cheque payable to UWA**

**CREDIT CARD INFORMATION:**

Card type:  VISA  Mastercard

No: \_\_\_\_\_

Expiry: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ :

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Signature: \_\_\_\_\_

<b>TEACHER CODE</b>			
<b>OFFICE USE ONLY</b>			
Receipt No.			

**CANDIDATES: PLEASE REFER TO OUR SCHEDULE AND FEES DOCUMENT FOR ALL FEES, CHARGES AND ENROLMENT CONDITIONS.**

Date of Birth	Sex (M/F)	Surname (in order)	Given Names (in order)	Telephone	Subject Code	Grade	Instrument	Exam <sup>1</sup> Type (g,p,b)	Centre <sup>2</sup> (M,R)	Fee \$	Res	S	C No.

<sup>1</sup> Exam Type: g = grade, p = performance, b = band.  
<sup>2</sup> Centre: M = Metropolitan, R = Rockingham.

**DECLARATION:**

I certify that I understand and accept that this examination enrolment is subject to AMEB examining procedures and enrolment conditions as outlined in the Schedule and Fees document and current Manual of Syllabuses. I also consent to the disclosure of personal information relating to both candidate and enroller, being relayed to AMEB Ltd and Rockscool Ltd.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ **(This enrolment will not be accepted unless signed)**