

Rockschool Enrolment Form

Administered by Australian Music Examinations Board QLD
 Emailto: payments.ameb@det.qld.gov.au

Office Use Only		Requested Centre for Examination	
Document No:			
Session ID:		Date Enrolled	
Centre ID:		Office Use Only Invoice Issued	

Teacher/Enroller Details	Teacher/Enroller No.
Title and Name: (Mr, Mrs, Ms, Miss, Sr, Fr, Dr.)	
Address:	
Postcode:	
Contact Number:	
E-Mail:	
Signature:	

FULL PAYMENT OF FEES (EFTPOS, Cheque, Money Order) TO ACCOMPANY THIS ENROLMENT FORM

PLEASE PAY BY CUT OFF DATE TO AVIOD LATE FEES – CHECK BULLENTIN AND WEBSITE (www.ameb.qld.edu.au) FOR CLOSING DATES

Candidate Number	Surname	First Names	Date of Birth	LUI No.	L or R Handed	Grade, Performance, Video Exam	Subject ID (See website)	Instrument	Grade	Fee (\$)
Dates unavailable within session:-								Total Fee/s Paid		\$

Please list any candidates with disabilities, impairments and or special needs (please provide supporting documentation with enrolment)

PRIVACY STATEMENT: The Australian Music Examinations Board (Qld) is collecting personal information within this enrolment form in order to assist with processing this enrolment for assessment. This information will only be accessed by authorized employees with the Office of AMEB (Qld). Some of this information may be given to the Queensland Studies Authority for the purpose of recording eligible data for the attainment of a Queensland Certificate of Education as required by the Education (Queensland Studies Authority) Act 2002 and Education (Education Studies Authority) Regulations 2002. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

Payment Methods

- Cheque (made payable to AMEB QLD)
- Credit Card (please complete the details below)

Please charge my (Mastercard or Visa) _____ for the amount of \$ _____

Card Number: _____ Expiry Date: _____

Name on Card: _____

Card Holder Signature: _____ Date: _____