

## CHANGE OF TEACHER/ENROLLING PERSON

A request to change the teacher/enrolling person will incur a fee of \$55 per candidate.

### Current teacher/enrolling person:

I \_\_\_\_\_ Teacher number \_\_\_\_\_  
 request that all further correspondence relating to examinations for the \_\_\_\_\_  
 series be forwarded to the new teacher/enrolling person.

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

### This change of teacher/enrolling person is applicable to the following candidates:

Candidate name	Candidate no.	Subject	Grade

### New teacher/enrolling person's details:

Teacher number: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

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

I agree to administer this enrolment and abide by the regulations in the current AMEB (NSW) Enrolment Handbook and Manual of Syllabuses and the policies on the AMEB (NSW) website. I certify that I am at least 18 years of age.

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

### Fee: \$55 per candidate

I enclose my cheque / money order payable to AMEB (NSW).

I authorise the AMEB (NSW) to charge my credit card for \$ \_\_\_\_\_ Signature \_\_\_\_\_

Name on Card: \_\_\_\_\_ Mastercard / VISA (please circle)

Card no: \_\_\_\_\_ Expiry date: \_\_\_\_ / \_\_\_\_

*(Please Note a Merchant Interchange Fee of 0.4% surcharge applies)*

### PLEASE RETURN VIA EMAIL OR POST TO THE AMEB (NSW)

Level 6, 117 Clarence Street Sydney NSW 2000 • Phone: 02 9367 8456

Email: office@ameb.nsw.edu.au • [www.ameb.nsw.edu.au](http://www.ameb.nsw.edu.au) • ABN 94 279 170 975

The AMEB (NSW) is an agency of the NSW Education Standards Authority