ROCKSCHOOL ENROLMENT FORM administered by AMEB (NSW)

Please return this form to AMEB (NSW)
Level 6, 117 Clarence Street, Sydney NSW 2000 or office@ameb.nsw.edu.au

Teacher/Enrolling Person				Document Number/Payment ID			
AMEB (NSW) Teacher Number (if known)	Title First Name			(for office use only)			
	Last Name						
Rockschool Enroller ID (if known)	Address		_				
	Suburb	State	Postcode				
☐ I am the parent/legal guardian ☐ I am a self-enrolling person (over 18 years of age)	Phone	Mobile					
	Email Address						
I am a Teacher/Private Studio (sole teacher)							
I am a Teacher/Music School (more than one teacher)I am a BOSTES accredited school	This examination centre is available for	my own candidates and others my own candidates only					
	Owner Name		AMEB (NSW) Teacher Nu	AMEB (NSW) Teacher Number			
	Studio Name						
	Studio Address						
	Suburb	Postcode					
	Phone						
	I enclose my cheque / money order for \$ payable to AMEB (NSW).						
	☐ I will pay by credit card: Credit card type ☐ Mastercard ☐ Visa Card Number						
	Name on Card						
	I authorise AMEB (NSW) to charge my cre	edit card for \$ (plus 0.4% merchant interchange	e fee).			
	Signature		Date / /				
Certification							
I agree to abide by the regulations and policies on	he current Rockschool Australia website w	ww.rockschool.com.au. I certify that I a	am at least 18 years of age.				
Signature		/ Date///	Certification MUST be si	gned for enrolment to be processed.			

CANDIDATE DETAILS

AMEB (NSW) Candidate Number	Title	First Names*	Surname*	Name on Certificate	Date of Birth*	Gender (M/F)*	Instrument*	Grade*	Exam Type (g/p)*	Left or Right Handed (L/R)	Fee*
* Mandatory fields		1								TOTAL	
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Additional information:			