amebnsw

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

Change of Teacher/Enrolling Person

Please return the completed form by post or email. CURRENT TEACHER / ENROLLER DETAILS 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/enroller is applicable to the following candidates: Candidate Name Candidate Number | Subject Grade NEW TEACHER / ENROLLER DETAILS Teacher/Enroller Name: Teacher/Enroller Number: Teacher/Enroller Number Phone: Mobile: Email: I agree to administer this enrolment and abide by the regulations in the Manual of Syllabuses and the policies on the AMEB (NSW) website. I certify that I am at least 18 years of age. Signature: Date: PAYMENT DETAILS (Please note requests WILL NOT be processed without the accompanying fee) Master Card / VISA (Please Circle) Name on Card: ______ Signature: ______ Card Number: |___|__| |__| |__| |__| Expiry date: ____/____