

ROCKSCHOOL EXAM SA & NT ENTRY FORM 2017

Administered by the AMEB (SA & NT)

2. EXAM SESSION (Please tick one) : ROCKSCHOOL JULY ROCKSCHOOL OCT/NOV

3. EXAM VENUE: Adelaide University or (please list other) _____

4. Special requests: eg. disabilities/impairments – please attach separate note for full details

5. Additional Information/considerations:

1. TEACHER DETAILS:

Teacher ID _____

Change of Address Advice: Y N

Name: (Mr Mrs Miss Ms Dr).....

Address:.....

Suburb:.....Postcode:.....

Phone:(H).....(W).....Mobile:.....

Email:.....Fax:.....

I consent to the disclosure of candidate and enroller details being passed to AMEB Ltd and Rockscool Ltd

Teacher Signature:.....

Candidate I.D. No.	Family Name PLEASE PRINT	Given Name/s PLEASE PRINT	Date of Birth	Gender	Subject Code	Instrument <i>(Please indicate Left or Right handed for Drum-kit)</i>	Grade	Exam Type <i>(Grade or Performance)</i>	Fee \$
Office Use: Slip: _____ Report: _____ Cert: _____ Receipt No: _____ Receipt date: _____								Total Fee:	

6. PAYMENT METHOD:

- Cash (accepted in person only, **1st floor, Hartley Building, The University of Adelaide**)
- Cheque (made payable to **"AMEB SA & NT"** – One cheque per entry form)
- Credit Card (please complete the below details)

Please charge my *(ie Bank Card, Mastercard, Visa)* _____ for the amount of \$ _____

Card Number _____/_____/_____/_____ Expiry Date: _____

Name on Card: _____

Card Holder Signature: _____ Date: _____

7. Please return this form with full payment to

Australian Music Examinations Board (SA&NT)

C/O The University of Adelaide SA 5005

The AMEB can be contacted on

Ph: 8313 8088 Fax: 8313 8089

Or by email: ameb@adelaide.edu.au

