

STAGE LEFT – PRIVATE SINGING TUITION

APPLICATION FORM TERM 3 2018

PLEASE COMPLETE IN BLOCK LETTERS & return with payment via post or email to:
Stage Left PO Box 134, Darling South 3145
Ph: 1300 369 443
info@stageleft.com.au

Office use only
App form from parent pending: Y/N
If Y, form filled out by:

STUDENT DETAILS

Surname:First names:Sex: M/F
Address.....Postcode.....
Telephone: (Home).....Date of Birth:School attended.....

PARENT/GUARDIAN

Surname:First names:
Address:(if different from above).....Postcode.....
(Home phone).....(Mobile).....(Work).....
Email:Relationship to Student:

I declare that the information in this application is correct and have read and agree to abide by the terms and conditions of enrolment.

Signature (Parent/Guardian).....

How did you first hear about STAGE LEFT.....

Please give details overleaf of any singing training or experience:

IS THERE ANY MEDICAL CONDITION OR OTHER CIRCUMSTANCE OF WHICH YOU WOULD LIKE THE SCHOOL TO BE AWARE? YES/NO

If yes, please give details overleaf.

Terms and Conditions

1. I understand that places are limited and that submitting this form is no guarantee of availability.
2. Stage Left reserves the right to exclude students whose behaviour is disruptive.
3. Stage Left accepts no liability or responsibility for any injury sustained by the student that arises from participation in any activity connected with Stage Left.
4. I authorise the staff to consent, where it is impracticable to communicate with me, to whatever medical or surgical treatment as may be deemed necessary.
5. NUT FREE POLICY – Stage Left has a nut-free policy at all venues. Students are asked not to bring any food containing nut products to classes and performances. We also ask students not to share food. Parents are requested to inform Stage Left in writing of any allergies their child may have.
6. I understand that teachers are chosen at the discretion of Stage Left and may change as required.
7. I authorise Stage Left to use photographs/video taken during classes/performances for promotional purposes only.
8. If students cancel prior to the commencement of term then a refund will be given minus a \$90 administration fee. The administration fee is non-refundable under any circumstances.
9. No refunds are available once term has commenced.
10. Refunds and make-up classes are not available if a student misses a class.
11. Enrolment &/or attendance constitutes acceptance of the above terms & conditions.

Payment must be received with application form prior to the commencement of term to secure placement. Enrolments will be processed on a first come, first served basis.

LESSON TIMES

Please indicate below your preferred lesson time/s for **Term 3**. Please try to give at least 3 different times and indicate your preferences.

DAY / TIME	PREF e.g. 1 st , 2 nd , 3 rd	DAY / TIME	PREF e.g. 1 st , 2 nd , 3 rd	DAY / TIME	PREF e.g. 1 st , 2 nd , 3 rd	DAY / TIME	PREF e.g. 1 st , 2 nd , 3 rd
MON 4pm		TUES 4pm		WED 4pm			
MON 4.30pm		TUES 4.30pm		WED 4.30pm		THURS 4.30pm	
MON 5pm		TUES 5pm		WED 5pm		THURS 5pm	
MON 5.30pm		TUES 5.30pm		WED 5.30pm		THURS 5.30pm	
MON 6pm		TUES 6pm		WED 6pm		THURS 6pm	
MON 6.30pm		TUES 6.30pm		WED 6.30pm		THURS 6.30pm	
MON 7.00pm		TUES 7.00pm		WED 7.00pm		THURS 7.00pm	
		TUES 7.30pm				THURS 7.30pm	

We will do our best to re-enrol you for your 1st preference however if you have an extremely limited availability we may not be able to accommodate your child in the timetable. In this event any fees paid in advance for the upcoming term will be refunded in full.

FEES

Lessons are \$396 (incl GST) for half hour lessons.

This fee covers 9 lessons in Term 3 subject to the terms and conditions listed on this document.

PAYMENT BY CREDIT CARD *credit card transactions will incur an additional 1.5% surcharge

*Please charge my card today for the full term fee

*Please divide the total into two equal payment to be charge **today** and **17/8/18**

Visa/Mastercard Card no. ____/____/____/____ Expiry date __/ __

Cardholder's name _____ Signature _____

PAYMENT BY EFT BSB: 013 260 A/C no: 484059374 (Please include your child's full name as a reference).

I have transferred the full term fee

Installment payments cannot be made via EFT

OFFICE USE ONLY

Student name:

Parent name:

Date received:

Method of payment – cheque/EFT/credit

Full term fee received

Installment plan for cheque/credit card

Place offered: Y/N

Entered onto enrolment doc/waiting list:

Entered onto roll (if created):

Enrolment confirmed with parent/guardian:

DATABASE: contact details entered/updated:

enrolment code entered:

medical conditions entered:

Medical condition procedure actioned:

Student Contact Detail form printed & filed:

Taken off waiting list (if required):