



FOUNDATION OF
MUSIC EDUCATION

Examination Entry Form

(Please print neatly and return it to your teacher for collating)

| | | |
|---|---|---|
| Candidate's Given Names | | |
| Candidate's Surname | | |
| Date of Birth | | |
| Teacher's Name | | Email: |
| Teachers Address | | |
| Examination Centre Requested | | |
| Graduation Level (please tick) | Bronze Level - \$38 Silver Level - \$42 Gold Level - \$46 | Total Fee \$____.____ <i>Method of payment</i> Cheque Credit Card |
| Credit Card Details | ----- | |
| Card Holders Name | | Exp. Date: ____/____ |
| Card Holders Signature | | |
| Conditions of Examination Assessment | | |
| <p>1. In the event that a child is ill or unable to attend a set examination time, a fee of \$15.00 will be charged for rescheduling to a later period. There are no refunds for examination fees paid.</p> <p>2. If you believe that there may have been an error in the assessment of a student, you may lodge any complaint in writing for consideration.</p> <p>I, (Parent or Guardian's name) have read and understand the Conditions of Examination Assessment.</p> <p>..... (Parent or Guardian's signature)</p> | | |

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