



William Ross State High School

Enrolment Form Instrumental Music Program



2025

Parent to complete: Please tick an instrument and/or vocal:

<input type="checkbox"/> Brass <input type="checkbox"/> Percussion <input type="checkbox"/> Strings <input type="checkbox"/> Woodwind	<p>Tuition is provided by Education Queensland instrumental music teachers. Lessons are given in small groups during the regular weekly timetable for ½ hour. Instruments can be loaned out from the school.</p> <p>Fee: \$40 per year.</p>
<input type="checkbox"/> Guitar	<p>Tuition is provided by a qualified guitar teacher with the guitar fees financing the program. Lessons are given in small groups during the regular weekly timetable for ½ hour. Students must provide their own guitar (for home practice – a guitar can be borrowed from school for lessons), a metal guitar footstool, a clip-on chromatic tuner and a guitar method book. Specific details of all of these items will be given during the first lesson.</p> <p>Fee: \$50 per term to be paid at the beginning of each term (Price correct at time of printing and subject to change).</p>
<input type="checkbox"/> Vocal	<p>Tuition is provided by an experienced Education Queensland teacher of The Arts. Students may join Vocal Group (Wednesdays at morning tea) and/or small group vocal lessons (half hour) which rotate before and after morning tea on Wednesdays. Students need a display book for lyrics and music. All vocal lessons and group work is free of charge.</p>
<input type="checkbox"/> Keyboard	<p>Tuition is provided by Education Queensland instrumental music teachers. Lessons are given in small groups during the regular weekly timetable for ½ hour.</p> <p>All keyboard lessons are free of charge.</p>

Student name: _____ PEC (if known): _____

Year in 2025: _____

Instrument: _____ Standard on instrument: _____
 (eg. beginner, book number, AMEB exams etc)

Do you play another instrument? No Yes (Name of Instrument) _____

Parents Name: _____

Address: _____

Email address: _____

Phone: Home: _____ Work: _____ Mobile: _____

Parent signature: _____ Date: _____

Student to complete:

I, _____ wish to be part of the Instrumental Music / Guitar Program / Vocal Lessons / Vocal Ensemble and agree to follow the WRSHS Expectations at all times.

Student signature: _____ Date: _____

Please complete the Medical form over the page

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ACTIVITY PERMISSION AND MEDICAL CONSENT FORM

SUBJECT/ACTIVITY: Instrumental music	LOCATION: WRSHS	DATE: 2025
COST \$	Excursion Planner ID No. n/a	TEACHER: RUSHRO

SURNAME		GIVEN NAME(S)	
DATE OF BIRTH		YEAR LEVEL	
EMERGENCY CONTACT DETAILS	CONTACT'S NAME		
	PHONE NUMBER		

Privacy Notice

The Department of Education and Training is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

PLEASE COMPLETE DETAILS BELOW	YES/NO	DETAILS/TREATMENT
1. Tetanus Booster in last 12 months.		
2. Measles Vaccinations.		
3. Asthma, sinus, hay fever.		
4. Other respiratory problems.		
5. Allergies (food, penicillin, analgesics).		
6. Recent operation, illness, injury.		
7. Epilepsy.		
8. Phobias.		
9. Heart problems.		
10. Physical disabilities.		
11. IS MEDICATION REQUIRED WHILE ON EXCURSION? Give details (dose and time)		
12. Contact Sports Mouth guard Consent. A correctly fitted mouth guard should be worn for playing and practicing. Players will not be permitted to take to the field without one unless the following written permission is received from the parent/caregiver: <input type="checkbox"/> I give permission for my son/daughter (named above) to participate in this activity without a mouth guard for the following reason/s (*reason must be provided):		Signature of Parent/Guardian:
Additional Information which may affect your child's full participation in the activity:		

PARENT/CARER CONSENT

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.
- I give consent for my child, named above, to participate in the activity detailed above.
- I agree to pay to the school the costs detailed above for my child's participation in the activity.
- In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require.
- I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education and Training) the full amount of any costs incurred on my child's behalf.

Signature of Parent/Carer

Date