AIM HIGH Application Form

Registered Provider CRICOS No: 00665C RTO Code 90465

Please Note:
ALL fields in this form must be completed.

Application for (please tick): ☐ Year 11 ☐ Year 12
☐ Performance Stream ☐ Audio Stream

When do you intend to start study? Year:_____ Term: ☐ 1 ☐ 2 ☐ 3 ☐ 4

STUDENT DETAILS:

Surname:	First Name:	Other Names:	
Address:	Suburb:	State:	Postcode:
Telephone (Home):	(Mobile):	☐ Male	☐ Female
Email:		Date of Birth:	
Instrument:	How did you hear about AIM HIGH?		
Residential Status: ☐ Australian Citizen	☐ Permanent Resident	☐ International Student	☐ New Zealand Resident

PARENT / GUARDIAN DETAILS:

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other:			
Surname:	First Name:	Other Names:	
Address:	Suburb:	State:	Postcode:
Telephone (Home):	(Mobile):	☐ Male	☐ Female
Email:	Relationship to you:		

PREVIOUS HIGH SCHOOL DETAILS:

Last Year of attendance at High School: _____	State: _____	☐ Overseas
Name of previous School:		
Address of previous School:	Suburb / Town:	
Board of Studies Number (if known):		

On receipt of this application form, a Course Advisor will contact you with an interview date.

More information is available in the AIM Handbook, please visit www.aim.edu.au

Please return this form to: Australian Institute of Music: Admissions 1-51 Foveaux St, SYDNEY NSW 2010

Signature of AIM HIGH Principal:	Date:

Admin Use:
☐ Offer Letter Sent

Version: **19 May 2010**