

Examination Entry Form 2018 - Grade 9

*Please print carefully as the name that appears below will be the name that appears on the examination certificates and reports

Student's First Name:

Student's Surname:

Date of Birth:
(dd/mm/yyyy)

Current Age:

☐ I give consent for my child to participate in the S.F.D Tap Examination

Parent or Guardian Signature: _____

Payment Method: Cash / Direct Deposit

Levy: \$50 Jazz: \$101 Tap: \$101

Total Paid: _____

Please return ENTRY FORM and FULL PAYMENT before: SATURDAY 28TH APRIL