



NEW SOUTH WALES
DEPARTMENT
OF EDUCATION
AND TRAINING



SING NSW 2008

School Application Form

School _____

Address: _____

Postcode: _____ Phone: () _____ Mobile: _____

Region: _____ SEA: _____

Teacher name: _____

Teacher contact email: _____

If accepted, the school is required to sign a membership agreement.

Membership is a whole year commitment.

Fees: \$50.00 per student

Signature of teacher: _____ Date: _____

Signature of Principal: _____ Date: _____

PLEASE RETURN COMPLETED NOMINATION FORM TO:

Jennifer Gregory
Sing NSW Coordinator
Arts Education Programs
Locked Bag 3003
SUMMER HILL NSW 2130
Fax: 02 9569 6878
Jennifer.Gregory@det.nsw.edu.au

CLOSING DATE: FRIDAY 14 March 2008