

## Examination Fees 2010

### Practical Certificates:

Beginner, Junior and Preliminary.....	\$66.00
Certificate 1 .....	\$80.00
Certificate 2 .....	\$90.00
Certificate 3 .....	\$95.00
Certificate 4 .....	\$110.00
Certificate 5 .....	\$120.00
Certificate 6 .....	\$150.00
Certificate 7 .....	\$185.00
Certificate 8 .....	\$220.00
Diploma ( <i>Dip. SCSM</i> ).....	\$450.00



## ST. CECILIA EXAMINATIONS

ABN 89 765 081 858

## Closing Dates 2010

May/June Series:.....	February 22nd 2010
August/September Series:.....	May 22nd 2010
November Series:.....	August 22nd 2010
December Series:.....	September 22nd 2010

***Please send your completed entry form(s) to:***

**Att: Matthews Tyson  
SCSM PASS Examinations  
PO Box 5937  
Lambton Quay 6145  
Wellington New Zealand**

**Tel: 0800 151 661**

## **SPEECH & DRAMA EXAMINATIONS Certificate Entry Form For Examinations During 2010**

*Please Note:*

1. Complete the form overleaf for examinations to be taken in **2010 only**.
2. Submit this entry form with correct fees to arrive **on or before** the last day for receipt of entries. Late entries accepted at \$10 extra per candidate.
3. Additional entry forms may be downloaded from [www.stcecilia.co.nz](http://www.stcecilia.co.nz)
4. Entry may also be made on-line at [www.stcecilia.co.nz](http://www.stcecilia.co.nz)
5. Full payment by cheque (made payable to *St. Cecilia Examinations*) or proof of payment (bank deposit receipt) must accompany all entry forms. Entries will not be processed without full payment. Direct credit to: KIWIBANK 38 9003 0439060 00  
Your surname **must** be used as reference.



**ST CECILIA**  
**School**  
**of**  
**Music**

# PASS EXAMINATION CERTIFICATE ENTRY FORM 2010

All details must be fully completed.

1. Type of Examination (Tick one box only):

Practical

2. Examination Session: (Tick one box only):

May/June

Aug/Sept

November

December.

Teacher's Name: .....

Teacher's Qualifications: (if required on certificate).....

Name of School: (if required on certificate) .....

Full Postal Address: .....

.....P/Code: .....

Contact Telephone & Email: ( ).....

Centre / City at which examination is to be taken:.....

Date this entry form posted/delivered .....

CANDIDATE'S FULL NAME: (as it will appear on certificate)	SUBJECT	CERTIFICATE LEVEL	FEE NZ \$
1.....	.....	.....	.....
2.....	.....	.....	.....
3.....	.....	.....	.....
4.....	.....	.....	.....
5.....	.....	.....	.....
6.....	.....	.....	.....
7.....	.....	.....	.....
8.....	.....	.....	.....
9.....	.....	.....	.....
10.....	.....	.....	.....
11.....	.....	.....	.....
12.....	.....	.....	.....

Please complete this form *legibly* in **large block letters**. Errors will incur delays and additional costs. Entries submitted on the understanding that the examination regulations have been read and understood by teachers and candidates.

\*Submit one cheque or provide receipt as evidence of payment if using direct credit facilities.  
 \$10 per candidate for late entries.

**TOTAL FEES\***  
**SUBMITTED: \$** \_\_\_\_\_  
 Cheques payable to St Cecilia Examinations New Zealand.  
 Direct Credit to Kiwibank 38 9003 0439060 00