



20 Farrell Avenue
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PART A – CENTRE REGISTRATION/CHANGE OF DETAILS

Please provide details of the school entering candidates or changes of school details.

Name of Principal	
Name(s) of registered RAD Teacher	
Name of School	
School ID (if known)	
Address of School	
Address for Correspondence	
Telephone	
Mobile	
Fax	
E-mail	
Web Address	
Do you give permission for your school details to be given out to the general public	YES NO (please circle)

NAME (Please Print) _____

SIGNED _____ DATE _____