



Date: _____

INSTRUMENT: _____

Student NAME: _____

ADDRESS: _____

We will send you a monthly statement as well as important information about upcoming events, recitals, etc.

Check this box to have it sent to home address

Check this box to have it sent to email

Check this box to have it sent to a different address (please write address at below)

EMAIL: _____

PHONE(S): _____

How did you hear about us?: _____

Please, read, sign, & date the policy statement on the back of this form.

Below is not necessary to fill out for adult students

BIRTHDATE: _____ START DATE: _____

Parent or guardian name(s): _____

SCHOOL: _____

Beginner?

Previous Experious? Years of Lessons?

Yes No

COMMENTS: Anything else you'd like us to know?