



Student Registration Form

Fill out the form carefully for registration

Student Name

First Name Middle Name Last Name

Gender

Mailing Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Parent #1 E-mail

example@example.com

Parent #2 Email

example@example.com

Parent #1 Cell Phone Number

Area Code Phone Number

Parent #2 Cell Phone Number

Area Code Phone Number

Emergency Contact Number

Area Code Phone Number

Tell us about your musical aptitudes and experience:

What's your favorite instrument?

T-shirt Size

Parent #1 Name

First Name Last Name

Physical Address or Other Address

Street Address

Street Address Line 2

City

State / Province

Parent #2 Name

Postal / Zip Code

First Name

Last Name

Emergency Contact

First Name

Last Name

What are your goals in music?

Do you have your own instrument?