



Registration

Student Information

- Male
- Female

Date of Application _____

Student Name _____ Birthdate _____ / _____ / _____
MM DD YYYY

School Currently Attending _____ Grade _____

Email _____ Teacher Request Y N
Please Circle Name of the Teacher _____

Previous experience(s) in the field(s) which I am applying for _____ years _____ months

Parent Information

for students over 18 years old, please fill in your additional information

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Cell _____

Email _____ Paypal Email _____

Emergency Contact _____ Relation _____ Phone _____

Program Registration

I am registering for: Private Piano Lesson Theory/History Class Special Programs Adult Class (18 Week)

Please check one: to be Amateur to be Associate to be Professional to be Novice

I found this studio by: referral/friend newspaper/magazine internet _____ _____
(please specify)

- Please check one: (by default, you agree yes)
- Yes No I give permission for my child's picture to be used in the studio website.
 - Yes No I give permission for my child's full name to be used in the studio website. (first name is used without consent)
 - Yes No I have read the Studio Policy and agree to the terms.

X

Parent/Guardian/Student(over 21) Signature

Date