



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

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

X

Parent/Guardian/Student(over 21) Signature

Date