



## **Enrollment Form**

Must be completed in full prior to scheduling

Please Print

		Acct	
Date of birth	Grade	School/District	
Parent/Guardian Name	<u> </u>		
Address (include city & zip)	)		
Home Phone	Parent	Phone During Lesson	
Email		Is this a viable way to contact you?	
Emergency Contact Na	me	Phone	
Instrument(s)			
Please list any additiona	al info that may be helpfu	II, including medical conditions or disabilities	
		he terms outlined in the LESSON TUITION POLICY & s of my student to use for marketing purposes:	
Signature (parent/guard	dian if under 18):	Date:	_
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