

New Student Form

Name: _____ Instrument: _____

Age: _____ Birthday: _____ Grade in school: _____

Allergies: _____

Do you have any special needs? (i.e, asthma, back issues, trouble standing for 30+ minutes at a time, learning disabilities, etc)

Parent/Guardian Name (students under 18): _____

What's the best way to reach you? Phone: _____

Email: _____

Emergency Contact Information:

Name: _____ Best phone number: _____

Relationship: _____ E-mail: _____

Payments: I would like to pay for lessons (please circle one) Monthly Weekly.

I agree to render payment on time as outlined in the Studio Policies, and if I fail to do so, I understand that I may be charged a late fee of \$10.

By signing this document, I acknowledge that I have received the Studio Policies and Student Expectations documents. I understand and agree to abide by the information presented therein.

Student Printed Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Printed Name (if student is under 18): _____

Parent/Guardian Signature: _____ Date: _____