

NEW STUDENT REGISTRATION FORM

Name: _____

Age (*if under 18*): _____

Parent/Guardian(s) Name (*if under 18*): _____

Home Phone: _____

Address: _____

Parent Cell: _____

Student Cell: _____

Email: Student: _____

Parent: _____

Preferred contact: _____

Previous musical experience (school chorus, church/synagogue choir, etc.):

Do/have you played any instruments? If so, what? _____

Do you read music (notes, rhythms, etc.)? _____

Referred by: _____

Returning Student/Since (Date): _____