



STUDENT REGISTRATION FORM

Demo Time/Day/Teacher: _____

Teacher Notified: _____ Today's Date: _____

Family Information

Parent's Names (or confirm name if adult student)		How did you hear about our school?	
Address:			
City/State		Zip Code	
Primary phone number to receive school information:		Work Phone (Mother) Employer	
Primary email address to receive school information:		Work Phone (Father) Employer	
Home Phone:	Cell Phone (Mother):	Cell Phone (Father):	

Student Profile

Student One-Name:	Age:	Date of Birth:	Grade in School:
Student Two-Name:	Age:	Date of Birth:	Grade in School:
Student Three-Name:	Age:	Date of Birth:	Grade in School:
Style of music the student is interested in:	Previous music experience? Books to bring to first lesson? Yes No		

Registration Information:

Star Power Band:	Rock, Jazz, Classical	Day:	Time:	Teacher:
Private Lessons:	Inst:	Day:	Time:	Teacher:
Lab:	Piano, Guitar, Singers	Day:	Time:	Teacher:
Quick Start:	Inst:	Day:	Time:	Teacher:
dates	1.	2.	3.	4.

Staff

1. Telephone Registration:	Date	Time	
2. Tour Appointment Scheduled:	Date	Time	
Notes:			
Date	Initials	Action	Next Step
Date	Initials	Action	Next Step
Date	Initials	Action	Next Step
Date	Initials	Action	Next Step