



Registration Form

Student(s): _____

Parent/Guardian(s), if applicable: _____

Child's Birth-date: _____ School Grade: _____

Address:

Home Phone: _____

Work/Cell Phone: _____

Email: _____

I prefer to receive invoices by: _____ Email _____ In Person at Lessons

*Availability for lessons - please put down **3 TIME RANGES** ex: Mon 4-6pm, Sat 3-7pm, etc., and **indicate your preferences** of 1st, 2nd, and 3rd choice for lesson days/times.*

Sun _____ Mon _____ Tues _____ Wed _____ Thur _____

If piano student - previous piano study? _____

If voice student - previous voice study? _____

What instrument are you signing up for? Are there any special needs or anything else we should know?

I have read, understand, and agree to the terms stated in the Studio Policies of North Star Music Academy.

Signature Date _____