



<b>Student's Name:</b>			/	/
	<i>first</i>	<i>last</i>	<i>date</i>	
<b>Parent's Name(s):</b>				
	<i>mother's name / legal guardian 1</i>		<i>father's name / legal guardian 2</i>	
<b>Home Address:</b>				
	<i>street</i>	<i>city</i>	<i>zip code</i>	
<b>Home Phone #:</b>		<b>Work Phone #</b>		
<b>Cell Phone #</b>		<b>Email Address:</b>		
<b>School:</b>		<b>Grade:</b>		<b>Birth Date:</b> / /
<b>Length of previous study:</b>		<b>Teacher(s):</b>		
<b>How you heard about us:</b>				
<b>Program Enrollment (✓one):</b>	<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Childhood Youth	<input type="checkbox"/> Young Adult	<input type="checkbox"/> Adult
<b>Class/Lesson to be taken:</b>				

**Briefly describe your musical goals:**