

KINGWOOD MUSIC SCHOOL

REGISTRATION FORM

Date of Registration:				
STUDENT INFORMATION				
Student's last name:		First:		
School currently attending:			Grade:	
Have you had previous music instruction? Yes / No	If yes, what instrument(s) and how long?		Birth date:	Age:
Street address:			City:	Zip:
I give permission for the student's photo or video to be used in studio publications, school website, or social media. <u>No last names</u> will be used without express prior permission. Yes / No				
PARENT OR GUARDIAN INFORMATION				
Mother's last name:		First:		
Preferred contact phone:	Secondary phone number		Mother's email:	
Father's last name:		First:		
Preferred contact phone:	Secondary phone number:		Father's email:	
PAYMENT INFORMATION				
If paying by cash or check, would you like to receive a reminder email on the first of each month? Y / N				
Would you like to sign up for monthly autopay from September – May? Yes / No				
HOW DID YOU HEAR ABOUT KINGWOOD MUSIC SCHOOL?				
Saw sign in front of building	Sibling already taking lessons	Friends	Website	Other:

I confirm that I have read and understand the Kingwood Music School policies.	
Parent/guardian signature	Date