

# STUDENT REGISTRATION FORM



FAMILY LAST NAME: \_\_\_\_\_

## CONTACT PERSON:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

HOME PHONE #: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

CELL/WORK PHONE #: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, FL ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## STUDENT INFORMATION:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: \_\_\_\_\_

STUDENT PHONE # (IF APPLICABLE): (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

INSTRUMENT/VOICE TYPE: \_\_\_\_\_

CURRENT TEACHER: \_\_\_\_\_

## EMERGENCY CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE #: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

CELL/WORK PHONE #: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_