



STUDENT REGISTRATION

STUDENT INFORMATION

Student #1 Name _____ Birthday (MM/DD/YYYY) _____

Student's Age _____ School _____ Desired Instrument _____

Student #2 Name _____ Birthday (MM/DD/YYYY) _____

Student's Age _____ School _____ Desired Instrument _____

Student #3 Name _____ Birthday (MM/DD/YYYY) _____

Student's Age _____ School _____ Desired Instrument _____

CONTACT INFORMATION

Parent's Name(s) _____

Address _____

Cell Phone _____ Cell Phone#2 _____ Receive texts? (Y/N) _____

Home Phone _____ Work Phone _____ Best way to contact? _____

Email _____

Where did you hear about FAM? Newspaper, website, friend, church member, other _____

ABSENCE POLICY

For private lesson, students are allowed one absence per semester that will be made up during the make-up week. Additional absences beyond this one allowance will be forfeited by the student. All teacher cancellations will be made up. Please provide 24 hour advance notice for an absence whenever possible. Thank you. Initial _____

PAYMENT POLICY

I understand that the registration form and payment must be received before lessons can commence; that registration is for an entire semester and that I am obligated to complete payment for this entire period regardless of payment plan selected. Initial _____

PHOTO POLICY

I give permission for FIRST ACADEMY of MUSIC to take and use photographs of my child(ren) for the purposes of promoting the school and its programs. I understand that photographs taken by the school may be stored and used for promotional purposes from time to time. No photo will be sold to third parties. No child's name will be identified in any publication.

Yes, I give my permission

No, I do not give permission

Parent (Guardian) Signature _____ Today's Date _____

