



Student Registration Form

Student name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Additional Phone: _____ H W M (circle)

E-mail: _____

Parent(s)/Guardian(s) Name(s):

Date of first lesson: _____

Instrument (please circle): Violin/Fiddle Viola Cello Piano

Notes/Comments:

I have read the policy of the Sexton Music Studio and agree to its terms.

Signature of Student (if over 18)
Or Parent/Guardian

Date