



**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