

# MUSIC SCHOOL OF WESTCHESTER

## REGISTRATION FORM 2019 - 2020

Date of Registration: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

---

Student #1 First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Instrument: \_\_\_\_\_ Day of Lesson: M T W T H F S Length: 30 45 60 minutes

Group Class: \_\_\_\_\_ Day/Time \_\_\_\_\_ Previous Study? Y / N Instrument(s): \_\_\_\_\_ Years: \_\_\_\_\_

Current School: \_\_\_\_\_ Music Teacher's Name: \_\_\_\_\_

his/her contact information: \_\_\_\_\_

---

Student #2 First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Instrument: \_\_\_\_\_ Day of Lesson: M T W T H F S Length: 30 45 60 minutes

Group Class: \_\_\_\_\_ Day/Time \_\_\_\_\_ Previous Study? Y / N Instrument(s): \_\_\_\_\_ Years: \_\_\_\_\_

Current School: \_\_\_\_\_ Music Teacher's Name: \_\_\_\_\_

his/her Contact Information: \_\_\_\_\_

---

Student #3 First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Instrument: \_\_\_\_\_ Day of Lesson: M T W T H F S Length: 30 45 60 minutes

Group Class: \_\_\_\_\_ Day/Time \_\_\_\_\_ Previous Study? Y / N Instrument(s): \_\_\_\_\_ Years: \_\_\_\_\_

Current School: \_\_\_\_\_ Music Teacher's Name: \_\_\_\_\_

his/her Contact information: \_\_\_\_\_

### CONTACT INFORMATION

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Do you play an instrument? \_\_\_\_\_ Which one? \_\_\_\_\_ Do you play an instrument? \_\_\_\_\_ Which one? \_\_\_\_\_

How did you hear about the Music School? \_\_\_\_\_ Person responsible for billing? \_\_\_\_\_