



**SLATER MUSIC ACADEMY  
PRIVATE LESSON REGISTRATION FORM**

Student name \_\_\_\_\_ Date of birth \_\_\_\_\_

Today's date \_\_\_\_\_ Instructor \_\_\_\_\_

For what instrument are you registering? \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Day phone number \_\_\_\_\_ Evening phone number \_\_\_\_\_

Additional phone number(s) \_\_\_\_\_

Emergency contact and phone number \_\_\_\_\_

Email address(es) (note – we will NEVER send you unsolicited email or give your email address to anyone else. This is for communication purposes ONLY.)

Are there any medical conditions or handicaps that the instructor should know about? If so, please explain.

How did you hear about Slater Music Academy?

Please sign and return to the Academy with payment in full.  
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I have received and read a copy of PRIVATE LESSON PRICES AND STUDIO POLICIES, and I further agree to abide by all rules and policies set forth in the same.

Name \_\_\_\_\_ Date \_\_\_\_\_