ADVANCED ARTS MUSIC STUDIOS Cello Student Registration Form

STUDENT				
Name (First)	(M.)	(LAST)		
AGEMALE/FEMALE	Date of Birth			
HOME ADDRESS				
Street				
HOME TELEPHONE		CELL PHONE		
EMAIL				
GRADE IN SCHOOL (OR EQUIVALENT)				
SCHOOL DISTRICT				
SCHOOL ATTENDING				
STUDENT'S AFTER SCHOOL ACTIVITI	IES			<u>/</u>
MOTHER				
NAME	Work F	PHONE	F#	4X
	OCCUPATION			
EMAIL#1	EMAIL#2			
FATHER				
Name	Work F	PHONE	F	AX
EMPLOYER		OCCUPATION_		
EMAIL#1	EMAIL#2			
LESSONS				
YEARS STUDIED				
TITLE OF CURRENTPIECE				
LEVEL OF ENROLLMENT				
LEVELI (30 MIN.)	_ (ONLY AVAILABLE FOR	BEGINNERS UP TO 7 YEARS	OLD)	
LEVEL II (45 MIN.)	ONLY AVAILABLE FOR	STUDENTS UP TO 10 YEARS	OLD)	
LEVEL III (60 MIN.)	_			
LEVEL IV (90 MIN.)	_			
* Lesson times are approximate.				
SPECIAL REQUESTS - WANT OF	RCHESTRA EXPERIEN	CE? CHAMBER MUSIC?	PLEASE INDICATE I	BELOW
SIGNATURE		DATE		