

BE PART OF THE MUSIC

Student Information Sheet

Please fill out the following information as completely as possible.

Student Name: _____

Parent/Guardian Name(s): _____

Instrument(s) of Interest:

_____ First Choice

_____ Second Choice

_____ Third Choice

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Parent Email Address: _____

Any questions or concerns that you may have: