



Registration Form

Student Information

Name:		DOB:	
School:	County:	Grade:	Age:
How long has the student been taking piano: (if applicable)			
Previous teacher and reason for leaving: (if applicable)			

Parent Information

Guardian Name:		Address:	
Guardian Name:			
Home #:		E-mail:	
Cell #:	Whose # is this:	E-mail:	
Cell #:	Whose # is this:	Today's Date:	
How did you hear about Great Falls Music Studio:			

All information stated above is private and will not be shared with anyone.