

STUDENT NAME: _____ DOB: _____ AGE: _____

PARENTS/GUARDIANS (if applicable): _____

MAILING ADDRESS: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

__ HOME __ CELL __ WORK

__ HOME __ CELL __ WORK

EMAIL: _____

FIRST INSTRUMENT: _____

TEACHER: _____

LENGTH OF LESSON: __30 min. __45 min. __60 min.

AVAILABILITY: _____

SECOND INSTRUMENT: _____

TEACHER: _____

LENGTH OF LESSON: __30 min. __45 min. __60 min.

AVAILABILITY: _____

Please fill in the desired number of lessons in the blank and multiply by cost for total due. Return this form with payment as soon as possible.

30 Minute Lesson: \$30 x _____ **=** _____
(number of lessons)

45 Minute Lesson: \$45 x _____ **=** _____
(number of lessons)

60 Minute Lesson: \$60 x _____ **=** _____
(number of lessons)

Students will be contacted by the teacher to arrange lessons at a mutually convenient time.

Any lessons that cannot be scheduled will be credited toward fall tuition or issued as a refund *if* fall tuition has already been paid.

Thank you.

TOTAL DUE = _____

PHOTO/VIDEO RELEASE: I authorize photographs/videos of the student identified above to be used solely for teaching and/or advertising for The Kanack School of Musical Artistry.

- YES (signature) _____
 NO

- I certify that the information above is accurate to the best of my knowledge.
 I agree to pay the TOTAL DUE listed above according to the payment policies of KSMA.

Date received by office: _____