

WAITING LIST REGISTRATION FORM					
Today's Date:					
Student Name:					Instrument
Mailing Address:		City:		Zip	
Home Phone:		Student Birth Date			Age:
Cell Phone:		Grade		School	
e-mail address		Earliest time to arrive for Latest time lessons finish		preferred to	
Briefly Describe Instrument you will practice on at home					
Have you had previous music lessons?		Instrument:			How Long?
Former Teacher & City		Methods?			Level?
Type of music you enjoy listening to most					
Live With:	Both Parents	Mother	Father	Grandparents	Other
Mother's Name:		Cell phone #		Work #	
Father's Name		Cell phone #		Work #	
Other Guardian or Nanny		Cell phone#		relationship	
Person responsible to pay tuition if other than parents or student:		Name:		Phone:	Relationship
		Address:		City	Zip

STUDENT AGREEMENT:

I am committing myself to take music lessons from Linda Long. During this time I will do my best to practice and learn all that I possible can. I will sincerely attempt to develop the talent that is inside me and have fun while doing it.

Indicate Acceptance of agreement:

Date: