

Fulton Science Academy Private School - Private Music Lessons

REGISTRATION FORM

Student Information (Please print and fill-in all fields.)

First Name: _____ Middle _____

Last Name: _____ Age: _____ DOB _____

Parents/Guardians Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Student E-Mail: _____ Parent E-Mail: _____

Day Phone: _____ Evening Phone: _____

Instrument: _____ Other Choice: _____

Does the student have access to instrument of study for regular practice? _____ Describe: _____

At what level are you currently performing? Please indicate by years of experience below:

Beginner (no experience) _____ Intermediate (1-5 years) _____ Advanced (5+ years) _____

Teacher Requested? _____ Day Requested? _____

Times Requested? _____ Teacher Approval _____

Name & Phone Number of Emergency Contact other than Parents:

Are there any types of music that you prefer we NOT teach your child in the course of instruction? (Please List)

By signing below, I am enrolling my child in Fulton Science Academy Private School – Private Music Lessons. I have reviewed the policies and procedures. I acknowledge that Hubbell Music, LLC reserves the rights to add to, delete, or alter any requirement or type of instruction whenever such change may be deemed necessary. I understand that no refunds will be made except in the case of excused illness or family emergency and then, only on a prorated basis. Registration forms must be filled out in entirety and will not be accepted without a signature.

Signature of
Parent/Legal Guardian

Date

Please direct all questions to:
Melinda Hubbell
(770) 402-2907
mhubbell@fultonscienceacademy.org