NEW STUDENT APPLICATION FORM

Student Information:

Name_____Birthday_____Age_____

Instrument or Class_____

Does your child have any allergies or special needs?_____

Referred by_____

Additional Students

Name_____Birthday_____Age_____

Instrument or Class_____

Does your child have any allergies?_____

Parent Information:

Last_____ First_____

Address_____

City_____ Zip_____

Primary Cell Number_____ Emergency Contact_____

Email_____

Musical Information:

What are your or your child's musical goals for this year?

Payment Information: (Payment is due the first lesson of each month.)

_____Cash **_____Paypal**

_____Check **_____Online Invoice**

Image & Audio/Video Recording Waiver

_____Yes, I give permission for the image, audio and or video recording of my child, to be used by the Woodridge Music Studio, LLC. Your child's name will never be posted.

_____No, I do not give permission for the image, audio and or video recording of my child, to be used by the Woodridge Music Studio, LLC

Please sign after completing waiver_____