

DAVID BROWN MUSIC STUDIO

214-889-5832 (studio)
dbmusicstudio@ssbcglobal.net

Student Registration Form

Student Name: _____

Instrument: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Cell Phone: _____ (for adult student or parent of child under 18)

E-Mail: _____ (for adult student or parent of child under 18)

Parent or guardian please complete the following section for students under age 18:

Gender: _____ **Age:** _____ **Date of Birth:** _____

Grade: _____ **School:** _____

Parent Name(s): _____

Employer(s): _____

Work Phone: _____

COMPLETE THIS SECTION ONLY AFTER READING AND UNDERSTANDING THE TERMS OF ENROLLMENT

I have read and agree to the terms of registration as documented in the Terms of Enrollment and presented in this Student Registration Form.

Signature

Date