

<b>LSU MUSIC ACADEMY STUDENT REGISTRATION FORM</b>
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Please print legibly and press firmly.

Student Name: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Student DOB: \_\_\_\_\_ Student Age: \_\_\_\_\_

Student Grade: \_\_\_\_\_ Instrument: \_\_\_\_\_

Years of Study: \_\_\_\_\_ Teacher Preference: \_\_\_\_\_

**Check One:** (See brochure for details)

**Lesson Length:**     30 minutes             45 minutes             60 minutes

Please register \_\_\_\_\_ for music lessons at the LSU Music Academy.  
I have enclosed a check for \$ \_\_\_\_\_. I have read and understand the following:

- Returning this registration form is a commitment to the entire semester, no exceptions.
- I am responsible for bringing my child/myself to all lessons.
- I am responsible for seeing that my child/I practice(s) consistently.
- I understand that payment must be made *prior* to the first lesson for lessons to begin.
- The Music Academy adheres to a No-Make-Up-Policy. Make-up lessons might be given in case of illness.
- If my child/I must miss a lesson, I will contact the teacher or the Music Academy office, 578-3230, as a courtesy to the teacher.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Keep pink copy for your files and return the other two, with payment, to:

LSU  
Music Academy  
School of Music  
Louisiana State University  
Baton Rouge, LA 70803-2504