



708 S. Austin Ave, Ste. 201  
Georgetown, TX 78626  
512.630.5338

### Student Enrollment Form

Student Name: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_  
*Last First M.I.* Student Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
*City State ZIP Code*

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*Last First M.I.*

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*Last First M.I.*

E-Mail: \_\_\_\_\_

Experience Level \_\_\_\_\_

Private Lessons \_\_\_\_\_

Instruments: \_\_\_\_\_  
Modeling \_\_\_\_\_  
Workshop: \_\_\_\_\_ Actors Workshop: \_\_\_\_\_ Special Workshop: \_\_\_\_\_

Preference for Lesson Time: Give three days and time

Payment Term: Monthly Semester

Payment Form: \_\_\_\_\_ CVD NO. \_\_\_\_\_ CC NO. \_\_\_\_\_

EXP/DATE ZIP CODE NAME ON CARD:

FOOD ALLERGIES \_\_\_\_\_ MEDICATION \_\_\_\_\_

#### In Case of Emergency

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### Permission For Photos

Facebook: Yes  No  YouTube: Yes  No

Newspaper: Yes  No  Flickr: Yes  No

Student \_\_\_\_\_ Lesson Day/Time \_\_\_\_\_ Instrument \_\_\_\_\_ Instructor \_\_\_\_\_

LESSON LOG					
August					
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					
July					
August					

**\*\*\*\*\*Tuition includes four (4) lessons per month unless there are five (5) weeks in a month. Only TWO (2) makeup lessons allowed per semester. All tuition payments are due ON THE FIRST OF THE MONTH OR YOUR DATE AND TIME MAY BE FORFEITED.\*\*\*\*\***

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE