

West Haven Public Schools
MUSIC LESSON REGISTRATION FORM

PERSONAL INFORMATION

STUDENT

Name _____
Last First MI

Mailing Address: _____
Number Street City ST Zip Code

Home Phone _____ Date of Birth ____/____/____

e-mail Address: _____@_____

INSTRUMENT _____ **GRADE** _____

of YEARS PLAYING _____

Who Does the Student Live With?

Mother Only ___ Father Only ___ Both Mother & Father ___ Other: ___

If Other: Name: _____ Relationship: _____

MOTHER:

Name _____

Employed at: _____ Phone (____) _____

FATHER:

Name _____

Employed at: _____ Phone (____) _____

EMERGENCY & CONTACT INFORMATION

Parent to Contact During School: _____ Phone (____) _____

Person to be contacted if unable to reach a parent: _____

Relationship: _____ Phone (____) _____

Medical conditions about which we should be aware: _____
