

Student Information

Full Name: _____ Date: ____ / ____ / ____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ E-mail Address: _____

Cell: () _____ Work: () _____ Date of Birth: ____ / ____ / ____ Age: ____

Current/Highest Grade Completed: _____ Start Date at MMS: _____

Have you studied Piano? YES NO If yes, how long: _____ with whom: _____

Have you studied Voice? YES NO If yes, how long: _____ with whom: _____

Responsible Guardian's Information

Full Name: _____

Spouse's Full Name: _____

Home Address: (if different from above) _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ E-mail Address: _____

Auditions

Have you participated in any of the following:

PROGRAM	PARTICIPATION		YEARS	SCORE
FEDERATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	_____
GUILD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	_____
MTNA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	_____
NYSSMA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	_____
RACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	_____
Masters Classes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	_____

Attendance Schedule (for new students ONLY)

Please select your choice of lesson:

Lesson Type: Piano Voice Music Theory

Preferred day(s) and time(s):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

1st choice: _____ 2nd choice: _____

NOTE: Days and times will be assigned based upon availability. Once lesson times are assigned, you may be asked to change to another weekly time or day if the Studio schedule shifts.



Student Enrollment Form

Studio Policy Acknowledgment & Signature

I certify that I have read the entire Miller Music Studios Policy and agree to its terms and conditions.

Signature: _____

Full Name: _____

Date: / / _____