

Student Registration Form for 2016-2017

Students' names: _____

School of Attendance: _____ Grade: _____ Age: _____

School of Attendance: _____ Grade: _____ Age: _____

School of Attendance: _____ Grade: _____ Age: _____

Home Phone Number: _____ Cell Phone Number: _____

Please note any changes in home address or emails:

What are your primary goals for the piano lessons for this year?

Please list all the after school and extracurricular activities your child(ren) is/are involved in:

Do you wish for your child(ren) to participate in competitive opportunities? Y ☐ N ☐

Will the student(s) take part in group Music Theory classes? Y ☐ N ☐
(Theory classes are mandatory if the student participates in competitions)

Please initial below if you agree:

_____ I grant Olga Lukantsov's Piano Studio permission to use my child(ren)'s first name and video clip on Studio's webpage and youtube.com.

Parential Consent: *By signing below, I acknowledge that I have read, understood, and accepted all the studio policies set forth. I understand that all tuition payments are non-refundable, and I accept that Olga Lukantsov's Studio retains the right to terminate lessons with any student or guardian of student who displays inappropriate behavior or fails to respect the Studio policy.*

Parent's Signature: _____ Date: _____