

Student Name (last, first)



TO BE SUBMITTED TO HMA

REGISTRATION - RENEWAL FORM HMA Academic Year 2011-2012

STUDENT - Last Name _____ First Name _____ Date of Birth (mo/day/yr) ____/____/____

Name of School Currently Attending _____

PARENT / GUARDIAN Last Name _____ First Name _____

Mailing Address _____ City _____ State _____ Zip _____

*PHONE #1 Name _____ relationship _____ email (print clearly) _____

PHONE #2 Name _____ relationship _____ email (print clearly) _____

PHONE #3 Name _____ relationship _____ email (print clearly) _____

PHONE #4 Name _____ relationship _____ email (print clearly) _____

****Tuition Statements are emailed to the top listed address UNLESS HMA IS NOTIFIED OTHERWISE***

I understand and comply with the items listed in the Hamlin Music Academy Policy Statement .

SIGNATURE: Adult Student or Parent/Guardian _____ Date _____

Instrument: _____ Instructor: _____ Day / Time: _____ Start Date: _____

Instrument: _____ Instructor: _____ Day / Time: _____ Start Date: _____

COMMENTS FOR HMA BELOW: