



# Registration Form

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Is student a \_\_\_\_\_ returning student \_\_\_\_\_ 1<sup>st</sup> time student

Instrument: \_\_\_\_\_

Day preferred: (lessons are Mon., Tues., Thurs.)

1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Time preferred: (be specific)

1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Is student a member of Hebron: \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, where do you attend church? \_\_\_\_\_

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### Office Use Only

Teacher assigned: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_