



Date ____/____/____ Student's Name _____

Address _____ City, Zip _____

Name of School _____ Grade _____

Daytime Phone _____ Email _____

Parent's Name _____

Is student a member of Hebron? ____ If not, where do you attend church? _____

Student is a returning student 1st time student Instrument _____

Day preferred: Monday Tuesday Thursday
Please circle

Time preferred: Be specific 1st choice _____ 2nd choice _____

I have read and understand the Hebron School of Music Policies.

Parent's Signature: _____

Office Use Only

Teacher Assigned _____

Day _____

Time _____