



Registration Form

Date: ___/___/___

Student's Name: _____

Address: _____

City/Zip: _____

Daytime Phone: _____

E-Mail: _____

Parent's Name: _____

Name of School: _____ Grade: _____

Is student a: ___ returning student ___ 1st time student

Instrument: _____

Day preferred: (lessons are Mondays, Tuesdays, or Thursdays)

1st choice _____ 2nd choice _____

Time preferred: (be specific)

1st choice _____ 2nd choice _____

Is student a member of Hebron: ___ Yes ___ No

If not, where do you attend church? _____

Office Use Only

Teacher assigned: _____

Day: _____

Time: _____