

Classic Rock School of Music
448 S. Alafaya Tr. (Unit 4), Orlando 32828
(407) 306 - 8099



Student Registration Form

Student Name(s): _____ DOB: _____

School Attending: _____ Start Date: _____

Parent/Guardian: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Emergency Contact: _____

Lesson Time/Day Requested: _____

Instrument(s): _____ Instructor: _____

How did you hear about our school? _____

Auto Bill, Re-occurring Payment Card # _____

Expiration date: _____ Rentals: _____

Total Monthly Re-occurring Fee Amount: \$_____ paid on the 1st day of each month. A 24-hour notice is needed to cancel in order to make up any lesson. Only one lesson per quarter may be made-up. A one month notice is required to stop lessons for any period of time. I give permission to Classic Rock School of Music to photograph, record, archive or videotape during lessons, recitals and performances for promotional purposes. I also hold employees/contractors of Classic Rock School of Music harmless from liability during the time my child participates in any of the school's programs. I have received and agree with Classic Rock School of Music policies and I give permission for recurring payment to be paid with my credit/debit or checking account.

Signature: _____ Date: _____