Welcome to the Piano Studio of Alicia Glatz

Student Information & Enrollment Form

1st Name _____ Grade: _____ Age: _____ Birth Date: _____

2nd Name _____ Grade: _____ Age: _____ Birth Date: _____

3rd Name _____ Grade: _____ Age: _____ Birth Date: _____

Parent(s) Name:_____

Address: _____ Zip _____

- Home Telephone _____
- Cell Number _____
- E-mail Address _____

Billing Name: _____
Billing Address: _____ Zip _____

How do you wish student's name to appear in recital program?

Please Print Name

_____/_____/_____
_____/_____/_____
_____/_____/_____

Whom may we thank for referring you? _____
Musical Experience: _____
Transfer/previous instructor: _____

I have read and agree to the Studio Policies of Alicia Glatz for the 2024-2025 Term.

_____ _____

Parent or Guardian Signature Date