

Fairmount School of Music

Please make checks of thirty dollars (\$30) payable to Fairmount School of Music.

Student Registration

Date: _____

Student Name: _____

Street Address: _____

City/State/Zip: _____

Home Telephone: _____ Work Telephone: _____

Date of Birth: _____ Parent/Guardian: _____

Presently attending school: (circle one) Elementary Middle High
Name of School: _____ Trade/Tech College None

What is your current level of musical ability? (circle one) E-MAIL ADDRESS: _____
Beginner Intermediate Advanced Professional

What instruments do you play, and how long have you been playing them?

Have you ever attended a school of music? If yes, where and when?

Have you ever taken classes in music theory, harmony, composition, or ear training?

What are your goals in music?

How did you hear about the Fairmount School of Music? (check one or more)

Recommendation of friend/relative _____ Recommendation of teacher _____ Newspaper advertisement _____
Cleveland Hts. Yellow Pages _____ Cleveland Yellow Pages _____ Web site _____
E-Mail Newsletter _____ Other (specify) _____

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FOR SCHOOL USE ONLY

Start Date: _____ Instructor: _____

Instrument(s): _____

Comments: _____