



REGISTRATION FORM
ERMS Academic Year 2019- 2020

Registering for: (please circle)

Piano Voice Both

30 minute 45 minute 60 minute

Student Name-First, Middle, Last	Age (mm/dd/yyyy)
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Parent / Guardian Name

Mailing Address	City	State	Zip Code
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E-mail Address **Tuition Statements will be emailed to this address UNLESS NOTIFIED OTHERWISE**

Telephone:	Home	Cell	work
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Grade & Name of School Currently Attending:

Years Studied	Piano	Voice	Other
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Festival Participant?

MMTA Contest, Exams, Music Bridges Participant?

Methods used? (e.g. Faber, Bastien, Alfred, Noona, etc.)

Goals for your musical study:

I understand and agree to comply with the policy statements defined in the ERMS Policy Statement and Agreement

Adult Student or Parent / Guardian SIGNATURE	Date
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