



REGISTRATION FORM ERMS Academic Year 2024- 2025

Registering for: (please circle)

Piano Voice Both

30 minute 45 minute 60 minute

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

Parent / Guardian Name

Mailing Address	City	State	Zip Code
------------------------	-------------	--------------	-----------------

E-mail Address Tuition Statements will be emailed to this address UNLESS NOTIFIED OTHERWISE

Telephone:	Home	Cell	work
-------------------	------	------	------

Grade & Name of School Currently Attending:

Years Studied	Piano	Voice	Other
----------------------	-------	-------	-------

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

