



Headwaters School of Music & the Arts
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STUDENT REGISTRATION

Today's Date: _____

Student Name: _____ Birth Date: _____

Parent/Guardian Name: _____

Street Address: _____

City/State/Zip: _____

Phone: (H) _____ (W) _____

e-mail Address: _____

Instructor: _____ Instrument/Class: _____

Student Start Date: _____ Current Semester: _____

Lesson/Class Day: _____ Time: _____ Length: _____

of Lessons: _____ Fee: _____ Total Cost: _____

PARENT/GUARDIAN:

Please indicate that you are the responsible billing party by signing below.

(Signature)

Please return this form to the front desk.

THANK YOU!