



Registration Form

Private Piano Lessons for the School of Hope students.

Name of Student: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Name: _____

Phone number: Home: _____

Cell: _____

Email Address: _____

Beginner Piano Student: Yes _____ No _____

Do you own a keyboard or piano for weekly practice assignments:

Yes _____ No _____

Anything extra I need to know to help your child, and I be even more successful? _____

