



Registration Form

student last name: _____ first: _____

age: _____ birthday ____/____/____

(please include sibling student information here or on the back of this form)

parent: _____

street address: _____ city: _____

state: _____ zip: _____

phone: (____) ____ - _____ alt. phone: (____) ____ - _____

email: _____

"I have read and understand the school policy for current school year, September through June, and have enclosed my \$20 (single student)/\$30 (family) registration fee."

signed: _____ date: _____

(SCHOOL USE ONLY)

SCHOOL YEAR _____ START DATE: _____

CLASS/LESSON INFORMATION: _____

LESSON LENGTH: _____ MINUTES TEACHER: _____

NOTES: _____

MAIL TO:
NORTH RIDGE MUSIC SCHOOL
625 WIGARD AVENUE
PHILADELPHIA, PA 19128
(215) 508-7737