

HIGHLAND SCHOOL  
OF  
MUSIC

*Registration Form*

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Cell \_\_\_\_\_ Email Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

*Circle Areas of Interest*

Acoustic Guitar   Electric Guitar   Bass Guitar   Drum Set  
Snare Drum   Violin   Piano   Voice

Has the student ever taken lessons with this instrument? Yes No  
If yes, who was the student's teacher? \_\_\_\_\_

Person(s) with permission to pick up the student from HSM other than the above-listed parent or guardian:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Student's T-Shirt Size - \_\_\_ys \_\_\_ym \_\_\_yl \_\_\_yxl \_\_\_as \_\_\_am \_\_\_al  
  \_\_\_axl \_\_\_axxl (cost included in registration)

I give my permission for \_\_\_\_\_ to receive medical treatment in an emergency while under the care of HSM in the event that I can not be reached.

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

For more information, please email Mrs. Deanne Denton at [ddenton@hbcnsi.org](mailto:ddenton@hbcnsi.org).

*Your child's spot is not secured until the \$45.00 (75/ family max) non-refundable registration fee is paid.*

*Highland School of Music is an HBCS sponsored after-school program designed for 2<sup>nd</sup>-12<sup>th</sup> grade (some exceptions apply).*

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For office use only: registration fee paid \_\_\_yes \_\_\_no