

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 ___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.

*Your child's spot is not secured until the \$45.00 (\$75.00max. per family)
non-refundable registration fee is paid.*

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

For office use only: registration fee paid ___yes ___no