



# 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 Brandon Edwards @ [brandon@hbcni.org](mailto:brandon@hbcni.org)

You may reach Brandon at 337-256-8780

*Your child's spot is not secured until the \$45.00 (\$75.00max. per family) non-refundable registration fee is paid. **Please make checks payable to: HBCS** 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