



Registration Form:

Student's Name: _____

Address: _____

City/Zip: _____

Daytime Phone: _____

E-Mail: _____

Parent's Name: _____

Name of School: _____ Grade: _____

Is student a _____ returning student _____ 1st time student

Instrument: _____

Day preferred: (lessons are Mon., Tues., Thurs.)

1st choice _____ 2nd choice _____

Time preferred: (be specific)

1st choice _____ 2nd choice _____

Is student a member of Hebron: _____ Yes _____ No

If not, where do you attend church? _____

Office Use Only

Teacher assigned: _____

Day: _____ Time: _____