

**2010 Student Information/Policy Agreement Signature**

**Student Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Student Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_

**Parents/Guardian Name (if under 18):** \_\_\_\_\_

**Address of Student:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Wireless Phone Student:** \_\_\_\_\_

**Work Phones Parents/Guardian:** \_\_\_\_\_

\_\_\_\_\_

**Wireless Parents/Guardian:** \_\_\_\_\_

\_\_\_\_\_

**Email addresses:** \_\_\_\_\_

**Voice:** \_\_\_\_ **Piano:** \_\_\_\_ **Combo:** \_\_\_\_

**Years of Lessons:** \_\_\_\_\_

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**IMPORTANT: PLEASE READ, SIGN and Return Entire Form**

*If student is under 18, this form must be signed by a parent or guardian*

I have read the Kirk Arnold Studios Teacher/Student Agreement. I understand and commit to the policies stated therein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date