

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: _____

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