



MUSIC STUDY ENROLLMENT FORM

Student Name

Birth Date (MM/DD/YY)

Parent/Guardian Name

Phone

Email Address

Address

Student Hobbies:

Has student previously studied music? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long? \_\_\_\_\_

What instruments?:

Musical goals:

How did you hear about us?

**I have read the Music Academy of Kansas City Policy and I understand my obligation and responsibilities as stated**

Print Name

Signature

Date

