

57 Upham Street,
Melrose
781-662-6101



Registration- New Students

Student Name: _____

Parent Name: _____

Address: _____

Telephone: _____

Instrument: _____

Age of Student: _____

Prior Experience: _____

Email Address: _____

Desired Start Date _____

Day of Week

Time

Choice 1: _____

Choice 2: _____

Staff Only

Date Received: _____

Initials: _____