



European SCHOOL OF MUSIC

Now you can become one with the music



Application for Music Instruction Program

Date _____ Home Phone _____

Student Name _____ DOB _____ Male Female

Academic School _____ Grade _____

Home Address _____

City _____ State _____ Zip _____

Mother's Name _____ Work Ph. _____ Cell. Ph. _____

Occupation/Place of Employment _____

Father's Name _____ Work Ph. _____ Cell. Ph. _____

Occupation/Place of Employment _____

Parent's SS# or Driver's License # _____ E-mail _____

Where did you learn about the European School of Music _____

Please mark your choice (s): Piano Violin Voice Flute Accordion Guitar Drums

Music Theater (Individual) Music Theater (Class) Music Appreciation Class (4-5 yrs)

Previous Lessons for _____ years. Do you own instrument? (y/n) Piano _____ Keyboard _____ Other _____

Length of lessons requested: 60min. 40min. 30min. First available starting date: _____

Location requested: Buckhead /Sandy Springs Alpharetta Other Locations _____

SCHEDULING LESSONS: Scheduling lessons for busy students and parents is always difficult. It will help us to better coordinate our schedules with yours if you will take a moment to check below all days student is available for lessons – and for those days, please indicate the earliest and latest times the student will be available to begin his/her lesson and we will make every effort to schedule a starting time that falls within parameters. Thank you.

<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY
Earliest Time _____	Earliest Time _____	Earliest Time _____	Earliest Time _____	Earliest Time _____	Earliest Time _____
Latest Time _____	Latest Time _____	Latest Time _____	Latest Time _____	Latest Time _____	Latest Time _____

Deposit amount \$60**
 Tuition: _____
 Books: _____
 Total enclosed _____

** Each new student is required to submit an enrollment deposit of \$60.00, \$20.00 of which is initial registration fee that is not refundable. The remaining \$40 is refundable only if the student gives *written notice* of intention to discontinue lessons *at least one month prior* to doing so. If the student continues to study, the deposit will be reapplied.

I have read and understand the European School of Music Policy Statement _____
(parent or adult student signature)

MISSED LESSONS POLICY: It has been the policy of ESM that no make-up lessons will be provided, except at the discretion of the teacher. As ESM has grown, however, even this option is becoming too difficult to manage. Therefore, to allow students to make up lessons, we have developed a "lesson-exchange pool" – a list of other ESM students' phone numbers and lesson times – which will enable students to make arrangements to trade lesson times with other students when their regularly scheduled time is inconvenient. If you are willing to participate in this lesson pool, we will include your name and telephone number on such a list which will be distributed to others similarly interested, and we ask that you give us your permission to include your name and numbers) by signing below. Thanks.

I give the European School of Music permission to include my name, phone number and lesson information in the list to be distributed among students for the purpose of exchanging lesson times.

(signature / date) _____

(OFFICE USE ONLY) Location _____ Day _____ Time _____ Instructor _____
 European School of Music 5187 Roswell Rd. NE Sandy Springs GA 30342 Ph. 404 255-8382 www.euroschoolmusic.org