

Registration Form - Instrumental Music Program
Holy Cross Academy
(needed for new AND returning students)

Name of student: _____

Full name of parents or guardians: _____

Street address: _____

City: _____ Zip: _____

Home phone: _____ Other phone: _____

e-mail: _____

grade and section in school this year (homeroom number): _____

age of student: _____ birth date: _____

What instrument will you be playing? _____

At what level are you playing? beginner 1yr 2yr 3yr 4yr

Keyboard students only-
What kind of instrument do you have at home? keyboard digital piano acoustic piano

Do you know how to play any other instrument? Y N

Which one? _____ How long have you studied it? _____

Do you take private lessons for any instrument or voice? _____

Name of private teacher: _____

Does anyone else in your family play an instrument? Y N

who? _____ what do they play? _____

Name and ROOM NUMBER of child who brings home the family envelope: _____

Comments: _____

