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### REGISTRATION FORM

#### BILLING INFORMATION:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

#### STUDENT INFORMATION:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ DOB: \_\_\_\_\_  
Referred by: \_\_\_\_\_

#### TUITION PLAN:

Child: \_\_\_\_\_ Adult: \_\_\_\_\_  
Ages 5-13 Ages 14 and up  
\$ \_\_\_\_\_  
Monthly Tuition

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date