STUDENT REGISTRATION

VERITAS TEACHER _____

CLASS/INSTRUMENT_____

STUDENT NAME REGISTRATION DATE

ADDRESS

CITY STATE ZIP

HOME PHONE # MOBILE #

STUDENT BIRTHDAY

FAMILY EMAIL STUDENT EMAIL

LESSON HISTORY

START DATE CLASS/INSTRUMENT

VERITAS SCHEDULED LESSON TIME M T W TH F S LESSON TIME LESSON DURATION

ALLERGIES OR SPECIAL NEEDS

TO REQUEST A PRIVATE LESSON TIME, PLEASE MAKE THREE TIME REQUESTS

1ST CHOICE M T W TH F S 9AM 10AM 11AM 12AM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM

2ND CHOICE M T W TH F S 9AM 10AM 11AM 12AM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM

3RD CHOICE M T W TH F S 9AM 10AM 11AM 12AM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM