

**Instructions:** Please fill out this application (separate application for each of your children please) and fax it to (909) 444-1038.



Phone: (909) 444 -1001 Fax: (909) 444-1038  
20265 Valley BLVD, Suite F, Walnut, CA 91789

# New Student Application

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_  
Home Work Cell

Instrument/Class 1 \_\_\_\_\_ Teacher's name (optional) \_\_\_\_\_

Instrument/Class 1 \_\_\_\_\_ Teacher's name (optional) \_\_\_\_\_

## Preferred Schedule of Classes

Day of Week 1 \_\_\_\_\_ Time \_\_\_\_\_ Day of Week 2 \_\_\_\_\_ Time \_\_\_\_\_

Day of Week 3 \_\_\_\_\_ Time \_\_\_\_\_ Day of Week 4 \_\_\_\_\_ Time \_\_\_\_\_

How did you hear about Tchaikovsky School of Music? \_\_\_\_\_

If you were referred to us by a person please provide: Name \_\_\_\_\_ Relationship \_\_\_\_\_

My child has my permission to leave the premises of Tchaikovsky School: Yes \_\_\_\_\_ No \_\_\_\_\_

Persons authorized to pick-up my child \_\_\_\_\_

In case of emergency I authorize the staff of Tchaikovsky School of Music to call:

Doctor (name) \_\_\_\_\_ Phone Number \_\_\_\_\_

## Parent or Guardian

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_