

# Tchaikovsky School of Music

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

## Application

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

Address \_\_\_\_\_

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

Instrument/Class 1 \_\_\_\_\_ Teacher's name \_\_\_\_\_

Instrument/ Class 2 \_\_\_\_\_ Teacher's name \_\_\_\_\_

Start Date1 \_\_\_\_\_ Time \_\_\_\_\_

Start Date2 \_\_\_\_\_ Time \_\_\_\_\_

Where did you find out about **Tchaikovsky School of Music**? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Our Child has the permission to leave the premises: Yes \_\_\_ No \_\_\_

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

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

Insurance \_\_\_\_\_ Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

I agree and have received a copy of the School Policy.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Management \_\_\_\_\_ Date \_\_\_\_\_