

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 _____