

Sample - Have filled out by parent and student and turned in to teacher.

Registration Form - Strings Program

I would like my son/daughter to participate in the School String Program

Please turn this in to your elementary school office by Tuesday, August 26.

Student Name _____

Elementary School that the Student Attends _____

Classroom Teacher's Name _____

Parent Name _____

Address _____

Phone (Home/work) _____

Parent's Email (if this is a useful way to reach you!) _____

Bus Number You Currently Ride _____

Please circle one answer on each line below:

Instrument choice Violin Viola Cello Bass

I Already Have a Violin, Viola, Cello, Bass Yes No

How Many Years Have You Played If You Do? Circle One

0-1

1-2

2-3

3-10