

Searcy Community School of Music Registration

Complete and return with \$20 registration fee to SCSM, HU Box 10767, Searcy, AR 72149.

Name of Student _____ Age _____ Grade _____

Parent's Name _____ Today's Date _____

Mailing Address _____

Email Address: _____

Phone: Home _____ Work _____ Cell _____

Type of lessons (piano, instrument, class, etc.): _____

Preferred teacher or instructor level, if any: _____

Length of lesson (30 minutes recommended for beginners): _____

How much musical experience does the student have? (include band, choir, etc.) _____

Preferred payment plan: Semester ____ Month ____ (Discount for payment by semester.
Semester payment is due by the end of the third week of lessons.)

(OFFICE USE ONLY)

Registration paid _____ Teacher _____

Fall tuition _____ Monthly payment _____ Paid in full _____

Spring tuition _____ Monthly payment _____ Paid in full _____