



DocRockerMusic.com
570-926-5522
- Revised July, 2022 -

STUDENT REGISTRATION FORM

STUDENT NAME _____ DATE OF BIRTH _____

INSTRUMENT(S) _____

PARENT/GUARDIAN PRINT NAME (IF UNDER 18) _____

ADDRESS _____

CITY _____ ZIP _____

SCHOOL (PRIMARY SCHOOL/DISTRICT | UNIVERSITY | N/A) _____

CALL TEXT EMAIL

PRIMARY PHONE # _____ CONTACT METHOD PREFERED _____

EMAIL ADDRESS _____

STUDENT EMERGENCY CONTACT _____ EMERGENCY CONTACT PHONE # _____

ADDITIONAL INFORMATION ABOUT THE STUDENT WE SHOULD BE AWARE OF:
(PLEASE PROVIDE KNOWN ALLERGIES, MEDICAL CONDITIONS, IEP, ADHD, ADD, SPECIAL LEARNING CONSIDERATIONS OR NEEDS, LIMITATIONS OR DISABILITIES, ETC. PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY BE NEEDED IN AN EMERGENCY OR THAT MAY HELP US PROVIDE A SUCCESSFUL LEARNING ENVIRONMENT.)

I HEREBY CERTIFY THE ABOVE INFORMATION IS CORRECT

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____

