
To enable communication between student, parent, and teacher, it is helpful to have the following information on file:

Student Name: _____

Student Cell Phone: _____

Parent Cell Phone: _____

Home Phone: _____

Student Email: _____

Parent Email: _____

Parent Names: _____

Parent Address: _____

City: _____

State: _____

Zip: _____

Other Contact Info: _____

Please sign below and bring this completed form to your first lesson.

I have read the September 2010 Studio Policies statement (and discussed it with my student) and agree to adhere to these policies. Furthermore, I understand that unexcused missed lessons will not be credited or rescheduled. Lessons will only be excused when advance notice is given to the teacher.

Signature of Responsible Party

Date

You may email this information to:

David@DavidHastingsStudios.com

You may snail mail this information to:

David Hastings
1110 Fifth Street NE
Salem OR 97301