



## Port Jefferson Music Academy Registration Form

202 Main Street, Suite 5, Port Jefferson, NY 11777  
631-642-0926

Date: \_\_\_\_\_

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent(s) name(s): (M) \_\_\_\_\_ (F) \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone #: (     ) \_\_\_\_\_ Work telephone #: (     ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

*In case of an emergency, name and number of a person to contact:*

Name: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

School student is attending: \_\_\_\_\_

Instrument: \_\_\_\_\_ Years studying the instrument: \_\_\_\_\_

Name of previous teacher: \_\_\_\_\_

Preferred lesson day and time: \_\_\_\_\_ Requested teacher: \_\_\_\_\_  
*(Please indicate two if possible)*

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

How did you hear of the Port Jefferson Music Academy?

\_\_\_\_\_

What goals do you wish to accomplish while working with us?

\_\_\_\_\_

Additional comments and/or requests:

\_\_\_\_\_

\_\_\_\_\_