

# Olivia Williams Private Lesson Registration Form

Student Name: \_\_\_\_\_

Student Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

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

Cell Number: \_\_\_\_\_

Preferred Method of Communication: \_\_\_\_\_

Any further information I should know (former music training or exposure):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any health concerns/disabilities I should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Policy Pledge:

I agree with and understand the policies stated by the teacher, Olivia Williams, and understand they align with Peachtree Learning Centers policies.

\_\_\_\_\_  
*Parent's Signature and Date*