

Rock & Roll After School Student Enrollment Form

Student Information

Last Name: _____

First Name: _____

Birthday: _____ Male Female

Primary Instrument: Bass Drums DJ Guitar Keyboards Voice

Experience Level: Beginner Intermediate Advanced

Second Instrument: Bass Drums DJ Guitar Keyboards Voice Other

Experience Level: Beginner Intermediate Advanced

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Current School: _____

Music Experience: _____

How did you hear about us?: Friend Ad Website eMail Walk By

If Referred by Someone, Whom?: _____

Other Information / Comments: _____

Allergies / Special Medical Conditions

This information will be kept strictly confidential and will only be used by Rock & Roll After School in case of emergency.

Primary Physician Name: _____

Office Phone: _____

Parent / Guardian Information

Complete information for at least one Parent / Guardian as an Emergency Contact.
Include additional contact information as desired.

Contact Name: _____

Relationship to Student: Father Mother Step-Father Step-Mother
 Grandfather Grandmother Adult Brother Adult Sister Other/Guardian

Emergency Contact: Primary Secondary Alternate

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

E-mail (home): _____

E-mail (work): _____

Address Check if same as Student. Otherwise specify below.

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Contact Name 2: _____

Relationship to Student: Father Mother Step-Father Step-Mother
 Grandfather Grandmother Adult Brother Adult Sister Other/Guardian

Emergency Contact: Primary Secondary Alternate

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

E-mail (home): _____

E-mail (work): _____

Address Check if same as Student. Otherwise specify below.

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____