

APRIL CHARMAINE SEAWELL'S PIANO STUDIO
INFORMATION & AGREEMENT FORM

Student's Name: _____

Address: _____

City: _____ Zip-Code: _____

Date of Birth: _____ Age: _____ Grade _____

School: _____

Mother's (Guardian's) Name: _____

Phone # 's: Home _____ Work _____ Other _____

Father's (Guardian's) Name: _____

Phone # 's: Home _____ Work _____ Other _____

Your signature below indicates that you have **read, understood, and agree to abide by** the terms of "April Charmaine Seawell's Piano Studio Payment Plan & Policy Sheet".

Signature: _____

Date: _____

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