

# REGISTRATION FORM

Please complete both sides. One form per student  
Copy this or print additional forms from, [www.astoriamusic.com](http://www.astoriamusic.com)

## REGISTRATION OPTIONS

### Register in person:

770 11th Street  
Astoria, Oregon

### Mail to:

Astoria Conservatory of Music  
P.O. Box 81, Astoria, OR 97103

Student Name (*Last, First, MI*): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School (*if applicable*): \_\_\_\_\_ Grade: \_\_\_\_\_

Circle all that apply: New Student • Returning Student • Address

If student has siblings who are or were Astoria Conservatory students, please list.

Name(s): \_\_\_\_\_

### Primary individual responsible for student

(*if under the age of 18*): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address (*if different*): \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home email: \_\_\_\_\_ Work email: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

**Other Parent/Guardian** (*if applicable*): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address (*if different*): \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home email: \_\_\_\_\_ Work email: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

### Emergency Contact

Name (*Last, First, MI*): \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

### Secondary Emergency Contact

Name (*Last, First, MI*): \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

### Family Doctor

Name (*Last, First, MI*): \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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