

**NewArt School of Music**  
**Student Contact Form**

**Students Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Instrument(s):** \_\_\_\_\_ **Level:** \_\_\_\_\_

*Medical Conditions/allergies* \_\_\_\_\_

**Mother's name:** \_\_\_\_\_

*Cell Phone:* \_\_\_\_\_ *Home:* \_\_\_\_\_ *Work:* \_\_\_\_\_

*Home E-mail:* \_\_\_\_\_ *Work Email:* \_\_\_\_\_

**Father's name:** \_\_\_\_\_

*Cell Phone:* \_\_\_\_\_ *Home:* \_\_\_\_\_ *Work:* \_\_\_\_\_

*Home E-mail:* \_\_\_\_\_ *Work Email:* \_\_\_\_\_

**Emergency contact or guardian:** \_\_\_\_\_

*Cell Phone:* \_\_\_\_\_ *Home:* \_\_\_\_\_ *Work:* \_\_\_\_\_

*Home E-mail:* \_\_\_\_\_ *Work Email:* \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **Billing address and email:**  
*(If Different from mailing address)*

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

**Billing e-mail:** \_\_\_\_\_

**IT IS IMPORTANT THAT WE HAVE YOUR BILLING EMAIL.**

This is how you will receive your invoices.