



Port Jefferson Music Academy Registration Form

202 Main Street, Suite 5, Port Jefferson, NY 11777
631-642-0926

Date: _____

Student's name: _____ Date of birth: _____

Parent(s) name(s): (M) _____ (F) _____

Address: _____

Home telephone #: () _____ Work telephone #: () _____

E-mail address: _____

In case of an emergency, name and number of a person to contact:

Name: _____ Phone #: () _____

School student is attending: _____

Instrument: _____ Years studying the instrument: _____

Name of previous teacher: _____

Preferred lesson day and time: _____ Requested teacher: _____
(Please indicate two if possible)

1st Choice: _____ 2nd Choice: _____

How did you hear of the Port Jefferson Music Academy?

What goals do you wish to accomplish while working with us?

Additional comments and/or requests:
