



Pacific Institute of Music

540 Plaza Drive, # 130 ♪ Folsom, CA 95630 ♪ (916) 985-8882 ♪ www.piom.org

Student

First Name	<input type="text"/>	Last Name	<input type="text"/>
Age	<input type="text"/>	Birthday	<input type="text"/>
Studio	<input type="text"/>	Instrument(s)	<input type="text"/>
School Name	<input type="text"/>	Grade in 2017-2018	<input type="text"/>
Musical Experience	<input type="text"/>		

Parent

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address/Street	<input type="text"/>		
Address 2nd line	<input type="text"/>	City	<input type="text"/>
	<input type="text"/>	Zip	<input type="text"/>
Home Ph	<input type="text"/>	Mobile Ph	<input type="text"/>
	<input type="text"/>	Work Ph	<input type="text"/>
Email	<input type="text"/>		
How did you hear about us?	<input type="text"/>		

Method Of Payment

All the charges will appear on your bank statement as Pacific Institute Of Music

Checking Account - attach void check to this form

Initial payment is going to be prorated according to the date of the first lesson and is going to be equal to _____ + the annual studio fee _____ + accompaniment fee _____ = _____ .

I hereby authorize Pacific Institute Of Music to charge my account of \$_____ on the first day of each month starting _____ .

In event of the lesson termination, I will give the school office a written notice four lessons in advance to discontinue these charges.

I understand the school policies and agree to abide by them.

Parent's signature

Date