

LOVELL STUDIOS

Contract Agreement

We have read through the Lovell Studios Instruction and Policies sheet for the 2011-12 school years and agree to fulfill our responsibilities as Student and Parent.

Student Date

Parent Date

LOVELL STUDIOS

Enrollment Form

Student Name _____ Age/B-day _____

Address _____

City _____ Zip _____ Telephone _____

Student's Email _____ Student's Cell _____

Parent's Email _____

Mother's Name _____ Cell _____

Father's Name _____ Cell _____

Piano _____ Voice _____

Background _____

Goals _____

Emergency Contact _____