

Dear Parents,

Welcome to Buffalo Suzuki Strings! We are looking forward to meeting and teaching you and your child. Please complete this form in its entirety and return it to the above address with a nonrefundable registration fee of \$30.00 (per family) so that we may process your application and schedule your child for a lesson time. Please make your check payable to: BUFFALO SUZUKI STRINGS. Thank you.

Student's name:								
Birthday (mm/dd	/yyyy):/_	/	Age:		_ Gend	er: _		
Father _				Circle one:	Mr.	Dr.	Rev.	
Mother _				Circle one:	Mrs.	Dr.	Rev.	Ms.
Address _								
City _				State/Zip				
Home phone _				-				
Instrument (circle o	Piano Classica	l Guitar Ha	rp	Applying for s	semester b	eginnin	g	
Where did you he I UNDERSTAND REGULARLY ATT BUFFALO SUZUE	THAT IT IS MY TEND PRIVATE	RESPONSIBI WEEKLY AN	LITY AND D SATURI	O COMMITMEN DAY REPERTO	NT TO HA	VE MY	CHIL	
Parents Signature: Any bank fees incu	rred as a result of	f insufficient fu	nds will, o	Date:f necessity, be cl	narged to y	our tuit	ion acc	ount.
	Rc'd:	Tchr:		QB:		SD:		
ONLY	RF:	Door:		Bill:		DD:		

Dad's Place of Employment:					
Occupation:					
Mom's Place of Employment:					
Occupation:					
Parent Contact Information					
Dad's cell:	Mom's cell:				
Dad's work phone:	Mom's work phone:				
Dad's e-mail:	Mom's e-mail:				
School that this child attends:					
Please list any other weekly activities in which your child is involved.					
Please list siblings and ages.					
	nt before? trument, how long, name of teacher, level achieved.)				
Are there any musicians in the family? I	Please explain.				
Are there any medical, severe allergies o	or emotional conditions that the teacher should be aware of?				
Please use this space to write any other is might think would be helpful.	nformation that may help us get to know your child or that you				