

# CHEWNING SCHOOL OF MUSIC & ARTS

3015 Belshire Village Dr., Suite 106  
Spring Hill, TN 37174

## NEW STUDENT ENROLLMENT FORM

Name of Student:

Age:

School/Grade:

Class/Instrument signing up for:

Parents' Name:

Cell Number:

Email:

Does your child play any instruments?

If yes, what instruments?

Has your child studied dance/theater/voice/instruments previously? Where?

Are there siblings at home that are students at CSMA?

Do you give your permission for CSMA to photograph your child and use photo in online or print promotions?

\_\_\_\_\_ (initial) I have read, understand and accept the Chewning School of Music Enrollment Policy, Tuition Cost and Payment Schedule, and Lesson Calendar, and will abide by these policies.

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Parent Signature

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Print Name

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Date