



**LAFARGUE PIANOS**  
**ADULT STUDENT REGISTRATION**

\_\_\_\_\_  
Student's Instrument \_\_\_\_\_ Student's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

First month's tuition \_\_\_\_\_ + Registration Fee \_\_\_\_\_ = First Payment of \_\_\_\_\_

Price per each month thereafter: \_\_\_\_\_  
\*\*\*Due on the 25<sup>th</sup> of the month prior to lessons\*\*\*

Start Date: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

Please initial and sign below.

\_\_\_\_\_ I have received a copy of and agree to all the policies of LAFARGUE MUSIC SCHOOL as outlined in the policy document, including but not limited to tuition and missed lessons.

\_\_\_\_\_ I agree to observe and obey all posted rules, and further agree to follow any verbal instructions or directions given by the employees or representatives of LAFARGUE PIANOS and LAFARGUE MUSIC SCHOOL.

\_\_\_\_\_ I agree to pay for all damages to the facilities of LAFARGUE PIANOS and/or LAFARGUE MUSIC SCHOOL caused by my or my family's negligent, reckless, or willful actions.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency, please call \_\_\_\_\_.

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_