



registration

Student Name _____

Home Phone _____ Cell Phone _____

Address _____

Email _____

Student Date Of Birth ____/____/____ Age _____

School Attending _____ Grade _____

Private Instruction

Instrument _____

Length of Lesson Requested: 30 minutes 45 minutes 1 hour

Location Requested: Conn College Old Saybrook Norwich Old Lyme Stonington

Please indicated any special requirements and/or disabilities which TVMS should be aware of:

Parent/Guardian(s)

(1) Name (first and last) _____

Relationship to student: _____

Phone : home _____
work _____
cell _____

Address _____

Email _____

(2) Name (first and last) _____

Relationship to student: _____

Phone : home _____
work _____
cell _____

Address _____

Email _____

Payment

Please complete one form per student and submit to:

Thames Valley Music School • Connecticut College • PO Box 5294 • 270 Mohegan Avenue • New London, CT 06320
Invoices will be mailed for registration fee and 1st month lessons upon receipt and confirmation of instructor, lesson day and time.

Student

New student at TVMS Previous student at TVMS

If a first time student, how did you hear about TVMS? Newspaper Ad Referral from friend
 Referral from band instructor Internet search Family member previously enrolled