



# Scully Studios

## Student Information/Registration Sheet

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Home Phone:( ) \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_

Student e-mail Address: \_\_\_\_\_

### If a Minor, Custodial Parent/Guardian Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Home Phone:( ) \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_

Parent e-mail Address: \_\_\_\_\_

Does the student have any medical or physical conditions we should be aware of:

No:  Yes:  \_\_\_\_\_

Other emergency contact person:

Name: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Has the student taken private art lessons before? No:  Yes:

Date \_\_\_\_\_ Place \_\_\_\_\_

*Please do not write below this line*

*Class Day* \_\_\_\_\_ *Class Time* \_\_\_\_\_ *Tuition* \_\_\_\_\_

*Interviewed* No:  Yes:  *Date* \_\_\_\_\_ *Level* \_\_\_\_\_