



Vancouver Central School of Music
Student Registration Form

Please provide the following information as much as possible. Information below will only be shared with the student's instructor or be used for VCSM administration purposes. Please ensure you read the Registration and School Policies.

Student Information:

First Name: Last Name:

Gender: Female Male Birth Date: (MM/DD/YY)

Email:

Primary Contact:

Secondary Contact:

First Name: Last Name:

First Name: Last Name:

Email:

Email:

Address:

Same as the Primary Contact

Address:

City: Province:

City: Province:

Postal Code:

Postal Code:

Home Phone: Work Phone:

Home Phone: Work Phone:

Mobile Phone:

Mobile Phone:

Tick the box if texting allowed

Tick the box if texting allowed

Program intend to enroll:

(Please refer to the program guide, indicate if you request Master Teacher)

Current Level: Intended Length of Lesson: (mins)

How do you know about Vancouver Central School of Music?

Please choose one or more of the following:

Media; Newspaper; Internet; Event; Friend; Student of VCSM; or Other

Preferred lesson time:

First Available Second Available:

OFFICE USE ONLY:

Registration: In Person By Fax By Email Date:

Total paid upon registration: Payment method: Cash Chq Credit Card Debit