



STUDENT

Name:

Age:

Birthday:

School:

PRIMARY CONTACT

Name:

Relation to Student:

Mobile Phone:

Email:

Home Address:

Does the student have any allergies? If yes, please specify.

YES NO

Does the student require any special accommodations? If yes, please specify.

YES NO

PHOTO OPT OUT (Leave blank if you want OPUS to use pictures)

I would not like photographs or recording of my students to be used by

Opus. Check Box

I have read Opus School Of Music and Conservatory's Studio Policies and Fees Agreement 2024-2025 I have read

SIGNATURE **DATE**