



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**