



EASTMAN COMMUNITY MUSIC SCHOOL

For Office Use Only	
Teacher	_____
Lesson Length	_____
# Lessons this semester	_____
Date 1 st Lesson	_____

Application / Registration Form

Return to 26 Gibbs St, Rochester, NY 14604, or fax to (585) 274-1005
For complete course description see www.esm.rochester.edu/community

- Eastman Pathways Scholarship Student For study during School year Summer
 Buddy Lesson? If so, please complete both sides to register both buddies. Buddy's name _____

Student name _____ (Full Legal Name) Student SS # (why? see other side) _____
Street address _____ Parent/Guardian _____
City / State / Zip _____ Home phone _____
Birth date _____ Business or cell phone _____
 Male Female E-mail address _____

Please list school name, current school grade and school music teacher _____
Previous musical education (instrument, length of study) _____

Billing Information (if different than above)

Bill-to name _____
Street address _____ City / State / Zip _____

Private or Buddy Lesson New Registration

Instrument / Voice	Teacher Requested	Lesson Length	Availability - days and times
<input type="checkbox"/> classical <input type="checkbox"/> jazz	<input type="checkbox"/> instructor <input type="checkbox"/> intern	Requested	(please indicate as much as possible)

Private or Buddy Lesson Re-Registration (same instrument, same teacher)

Instrument	Teacher	Lesson Length
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Ensemble / Course Registration Information

Ensemble / Course	Teacher	Day and Time
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I understand that the University must receive the full amount (as described in the ECMS catalog) due less any financial aid (including RCSD Pathway Scholarships) on or before the due date as noted on the bill, and that if full payment is not received by the due date, the University will assess a monthly late payment fee of 1% of the amount past due. I understand that I am responsible for notifying the Bursar's Office if my billing address changes at any time. I understand that I am responsible for any late payment fees resulting from delays in the delivery of my bill. Payment must be in U.S. dollars.

I further certify that should my account not be kept current, I understand the University may curtail my ability to register for future semesters. I acknowledge the University's right to assess collection and legal fees should my account remain unpaid at the time I leave the University. I understand that I am obligated to pay those fees. I further agree to accept the ECMS refund policies as found on the ECMS website.

I, _____, the parent/guardian of _____, agree to be responsible for payment pursuant to the terms of this Payment Agreement.

Signature of Parent or Student over the age of 18 years Date _____

See other side for Photography Release

Complete this side for Buddy Lesson registrations:

My Buddy is _____

2nd Student's name _____

Student SS # (why? see below) _____

Street address _____
(Full Legal Name)

Parent/Guardian _____

City / State / Zip _____

Home phone _____

Birth date _____

Business or cell phone _____

Male Female

E-mail address _____

Please list school name, current school grade and school music teacher _____

Previous musical education (instrument, length of study) _____

Billing Information (if different than above)

Bill-to name _____

Street address _____

City / State / Zip _____

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I, _____, the parent/guardian of _____, agree to be responsible for payment pursuant to the terms of this Payment Agreement.

Date _____

Signature of Parent or Student over the age of 18 years

Photography, Video and Audio Recording Release

I, _____ (name of student), hereby consent to be recorded in audio and/or visual formats for the Eastman School of Music. Any such recordings (photographs, video, sound recordings, etc) may be subsequently used without compensation to me by the Eastman School of Music, the University of Rochester, or third parties for publications (including Web sites), advertising, and/or publicity purposes at the discretion of the School's Communications Office. I waive the right to inspect or approve the finished recordings and/or publication use. This release form will be kept on file.

Signature of Student _____

(Or, if student is under 18 years of age, signature of parent or guardian)

Social Security Numbers

University employees, their children and spouses must provide social security numbers in order to receive applicable tuition benefits. For all other students, providing social security numbers is strongly encouraged. Social security numbers are used solely for helping the University of Rochester prevent duplicate records in its billing and registration system, thus facilitating accurate record-keeping for students. They will not be shared or used for any other purpose. If you choose not to provide your social security number, please write "decline" on the SSN line.