

Burch School Adult Data Sheet _____

Date _____

Name _____
Last First Middle Initial

_____/_____/_____ EMail _____
Date of Birth

Address _____
Street (Apt. #) City State Zip Code

Mailing Address (If different from above) _____

Phone Numbers: _____
Home Work Cell

Occupation: _____

Church (Optional) _____

Extracurricular Activities (Please use reverse side, if needed) _____

Date of enrollment at the Burch School _____

Brand name of home practice piano(s) and approximate age _____

Please circle: Digital Keyboard Spinet Console Studio Upright Grand _____
Size

Name and address of party responsible for tuition, if other than yourself: