COMMUNITY **MUSIC CENTER** OF BOSTON

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ADDITIONAL STUDENT INFORMATION FORM 2019–2020

Check Program: ☐ Classes & Ensembles ☐ Community Programs ☐ Early Childhood ☐ Music Therapy ☐ Private Instruction (Music Center) ☐ Private Instruction (BLS)

Name of Student ☐ Adult Student ☐ New Student Instrument (If Applicable)

Birth Date: _____ Age: _____ Grade in Fall: _____ School: _____

Student Ethnicity ☐ Asian ☐ Black and/or African American ☐ Hispanic and/or Latinx ☐ White/Caucasian ☐ Other: _____

Student Preferred Language(s)
1. _____ 2. _____

Gender: ☐ Female ☐ Male ☐ Non-Binary ☐ Prefer not to say
☐ Prefer to self-describe: _____ Preferred pronouns: _____

Please explain any allergies, medical needs, or accessibility accommodations we should be aware of:

Emergency Contact

Name: _____ Phone: _____

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