MOUNT OLIVE MUSIC ACADEMY

Mount Olive Baptist Church – East
1601 Dandridge Avenue
Knoxville, TN 37915
(865) 524-1601

STUDENT ENROLLMENT FORM

TERM: □ **Fall/Winter (Mid-Sep/Oct/Nov/Dec/Mid-Jan)**
□ **Spring (Feb/Mar/Apr/May/Jun)**
□ **Summer (Jul/Aug)**

STUDENT'S NAME: _____

ADDRESS: _____
Street

_____
City State Zip

TELEPHONE: _____ _____
Home Other

EMAIL ADDRESS: _____

SCHOOL: _____ **AGE:** _____ **DATE OF BIRTH:** _____

REQUESTED MUSICAL INSTRUCTION:

□ **Piano** □ **Drums** □ **Violin**
□ **Voice** □ **Guitar/Bass** □ **Other** _____

PREVIOUS EXPERIENCE? □ **YES** □ **NO**
HOW LONG? _____

RESPONSIBLE ADULT: _____
(Please Print)

_____ **Date:** _____
(Signature)
(Your signature indicates that you have received information regarding our policies and procedures.)

(For Official Use Only)

Assigned Instructor: _____ **Instruction:** _____
Scheduled Class: **Day:** _____ **Time:** _____
Class Length: □ **½ Hour** □ **1 Hour**
Class Frequency: □ **Weekly** □ **Bi-Weekly** □ **Monthly**

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