

# Shurajit Gopal's Carnatic Music Classes



Phone: (864) 414-1812, (864) 990-1848 ♦ Email: shurajit@gmail.com

## ENROLMENT / REGISTRATION FORM

### Student Information (in BLOCK LETTERS, please)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Parent / Guardian Information (in BLOCK LETTERS, please)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone (specify): \_\_\_\_\_

E-mail: \_\_\_\_\_ Pager: \_\_\_\_\_

### Emergency Contact Information (in BLOCK LETTERS, please)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I have received / downloaded a copy of the School Policies and Guidelines. I understand that if I have any questions or concerns regarding the policies or procedures in these guidelines, I will request a personal appointment with the Director of the School or Shurajit Gopal. I understand that Nrithyanjali School of Dance and/or Shurajit Gopal reserves the right to refuse services to any person who does not support the policies and decisions set forth. I have read and understood the policies and procedures, and agree to abide by them.

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Student / Parent / Guardian Signature

Date