

FOR OFFICE USE ONLY

DATE RECEIVED

FALL

SPRING

SUMMER

CONTINUING STUDIES

# Longy Registration Form

School of Music

Please complete all information. Missing information may delay your registration. You should consider your registration complete after your payment is processed at Longy, and should come for your first class or lesson at the time indicated in the catalog. **Registration forms can now be completed using Acrobat Reader!** Just type in the fields using Acrobat Reader, re-save the document and email completed PDF to karen.burciaga@longy.edu.

NAME (LAST)

(FIRST)

Mr. / Ms. / Dr.

MALE FEMALE 

PERMANENT ADDRESS (STREET / APT)

(CITY)

(STATE / ZIP CODE)

EMPLOYER / SCHOOL

POSITION

LOCAL PHONE (DAYTIME)

(EVENING)

(MOBILE)

FAX

EMAIL ADDRESS

DATE OF BIRTH

**OPTIONAL** • How did you hear about the Longy School of Music?

• Longy is often asked to provide statistical information for grants. Are you (please circle one):

Black / African American

Native American

Asian

Hispanic

White / Caucasian

Prefer not to respond

**PRIVATE LESSONS**

INSTRUMENT / TEACHER

# OF LESSONS

LENGTH OF LESSON

TEACHER RATE

TUITION

**CLASSES / ENSEMBLES / WORKSHOPS**

COURSE CODE

COURSE TITLE

CREDITS

TUITION

**PAYMENT** VISA MASTERCARD CHECK  
(make checks payable to  
Longy School of Music)

Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_ / \_\_\_ / \_\_\_ Security Code (on back) \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**TOTAL TUITION**

– Discount

= Sub Total

+ Registration Fee\*

+ Late Fee†  
(if applicable)**= FINAL TOTAL****+ \$30**


Your registration will not be processed unless full payment is received.  
Mail completed forms to:

**LONGY SCHOOL OF MUSIC / REGISTRAR**

One Follen Street  
Cambridge, MA 02138

\*Registration fee for tuitions totalling under \$100 is \$15.

\*One-time workshops and free courses do not require a registration fee.

†\$30 late fee assessed after second week of classes or lessons.

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Check No:

Date Processed:

Credit Card Auth. No:

Initials: