

FOR OFFICE USE ONLY
DATE RECEIVED

FALL	SPRING	SUMMER

PREPARATORY 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.

STUDENT INFORMATION

NAME (LAST)		(FIRST)	
PHONE (HOME)	DATE OF BIRTH	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
ADDRESS (STREET / APT)			
(CITY)		(STATE / ZIP CODE)	
SCHOOL NAME	CITY	School grade at time of registration	

PARENT INFORMATION

1. PARENT / GUARDIAN (LAST)		(FIRST)	Mr. / Ms. / Dr.
ADDRESS (STREET / APT)		EMAIL	
(CITY)		(STATE / ZIP CODE)	
PHONE (HOME)	(WORK)	(MOBILE)	
2. PARENT / GUARDIAN (LAST)		(FIRST)	Mr. / Ms. / Dr.
ADDRESS (STREET / APT)		EMAIL	
(CITY)		(STATE / ZIP CODE)	
PHONE (HOME)	(WORK)	(MOBILE)	

In case of emergency, Longy should call: HOME PARENT/ GUARDIAN 1 PARENT / GUARDIAN 2

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

• Longy is often asked to provide statistical information for grants. Is the student (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* **+ \$30** _____
 + Late Fee† (if applicable) _____
= FINAL TOTAL _____



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

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Check No: _____ Date Processed: _____
 Credit Card Auth. No: _____ Initials: _____

*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.