Colorado Springs Conservatory Student Information Form
1600 North Union Blvd. Colorado Springs, CO 80909 719-577-4556

Date _____ **New Student** _____ **Current Student # of years** _____

PLEASE TYPE or PRINT ALL INFORMATION CLEARLY

Student Information:

Name: _____ M / F
First Last

Address:_____
Street City State Zip

I give permission to CSC to share above mailing address with CSC partners (ie; Philharmonic, Theatreworks, etc.) YES _____ NO _____

Home Phone: ( ) _____ Date of Birth: _____ Age: _____

Student Cell Phone: ( )_____ Student E-Mail: _____

School: _____ District :_____ Grade: _____

Parent or Guardian Information:

Parent/Guardian Name: _____
First Last

Employer: _____ Cell Phone: ( ) _____ Work Phone: ( ) _____

Parent E-Mail: _____

Second Parent Name: _____
First Last

Second Parent/Guardian Address (if applicable) _____
Street City State Zip

I give permission to CSC to share above mailing address with CSC partners (ie; Philharmonic, Theatreworks, etc.) YES _____ NO _____

Employer: _____ Cell Phone: ( ) _____ Work Phone: ( ) _____

Parent E-Mail: _____

I, the undersigned, give consent for my child to participate in activities at the Colorado Springs Conservatory. In the event I cannot be reached in an emergency, I give permission for my child to be transported, hospitalized and treated.

Emergency Contact _____ Phone Number _____

Child's Physician _____ Phone Number _____

Preferred Hospital _____ Insurance Carrier _____

Please list any known allergies _____

Please list any medications taken on a regular basis:

_____

_____ _____
Parent Signature Date