



FORM ML



Registration Form

All links between students and teachers of the MusicLink program require registration through the MusicLink Foundation.

1. STUDENT INFORMATION

First Name _____ Last Name _____

Age _____ Grade _____ Date of Birth _____ Gender: Male Female Non-binary

Ethnic Origin: African American Asian Caucasian Hispanic Native American Other _____

2. PARENT OR GUARDIAN INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email 1 _____ Email 2 _____

3. TEACHER INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email 1 _____ Email 2 _____

Education: Associates Bachelors Masters Doctorate Diploma

Teaching Experience: _____ years. You began teaching in what year? _____

Instruments you teach: _____

Memberships: MTNA NFMC MENC ASTS NATS ASOL NGCSA SSA Other _____

Certifications: _____

Background: _____

Do you teach online lessons? Yes No

4. LINK INFORMATION

Instrument _____

Lesson Type: Private Group Early Childhood

Would you like us to check the financial eligibility of this family? Yes No

If no, please provide some explanation of why you feel this student should be included in the MusicLink program _____

5. SCHOLARSHIP INFORMATION

This information is required to assist in establishing the overall scholarship donation of our teachers to the MusicLink program. This information, which is used for statistical purposes, will be kept strictly confidential.

Lesson Frequency: Weekly Biweekly Length (minutes) _____

Normal fee charged per lesson \$ _____ MusicLink fee charged per lesson \$ _____

Other Financial Arrangements: _____

6. ADDITIONAL ACTIVITIES

Computer Lab frequency _____ length (minutes) _____

Performance classes frequency _____ length (minutes) _____

Recital frequency _____

Other activities _____

Should we send our MusicLink newsletters to your student? Yes No

7. TEACHER AGREEMENT

I understand that the MusicLink Foundation assumes no legal responsibility for claims arising from this instruction, and I agree to hold harmless MusicLink Foundation from all legal claims in connection with such instruction. I agree

SIGNATURE

DATE

PLEASE NOTE: The safety of our students is of utmost importance to us, so in volunteering to teach a MusicLink student please understand that you will be asked to submit to a background check at our expense. The MusicLink Foundation is required to obtain background checks on all of its teachers. The information we request to complete the background check will be kept strictly confidential and will be destroyed as soon as the background check is completed.

Our Assistant Director will be contacting you to obtain your date of birth and social security number for the background check. Please note that she will be calling from her personal phone, so the caller I.D. will not say MusicLink. Feel free to ask her for your MusicLink I.D. number which you will receive once your registration is received so you can be assured that she is indeed from MusicLink.

If you would prefer to call this information in yourself or mail it in, please contact the National Office at 703-534-9490, info@musiclinkfoundation.org.

Please send completed forms to your local or state MusicLink Coordinator or directly to the MusicLink Foundation, 1043 N. McKinley Road, Arlington, VA 22205

PLEASE NOTE: All MusicLink forms can be completed online through the MusicLink website at: www.musiclinkfoundation.org (How to Participate).