



DSAGSL Rocks! Student Application

Classes will be held at:

Mozingo Music
4689 State Hwy K
O'Fallon, MO 63368

Mozingo Music
100 Clarkson Rd
Ellisville, MO 63011

Student Information

First _____ Last _____

Address _____ City _____

State _____ Zip _____ Age _____

Parent Information

First _____ Last _____

Home _____ Cell _____ Work _____

Email Address _____

In Case of Emergency Contact

Name _____ Phone _____

Student Health

Parents should make the program director aware of any health issues your child may have. Please use this space to do so.

Are there any behaviors that staff should be aware of?

Who will be dropping off/picking up your child?

_____ Relationship _____

Please list anyone else that may be bringing them/picking them up

_____ Relationship _____

_____ Relationship _____

(Parents)

_____ I would be willing to volunteer during my students session

List any other students that you would like to play in a band with
(PLEASE BE AWARE THAT WE CANNOT GUARANTEE PLACEMENT WITH THESE STUDENTS, BUT WE WILL DO OUR BEST TO ACCOMODATE)

Schedule Options:

These are the times we will be having DSAGSL Rocks! Band practices. We will try to accommodate everyone and try to keep bands together. Please mark 1 and 2 on your first and second choice for your practice preference.

Classes begin the week of September 17 and conclude with a concert at the Tin Roof on November 10. (There will be no classes on the week of November 4)

O’Fallon Location

_____ Mondays 3:30pm – 4:30pm

_____ Tuesdays 6:30pm – 7:30pm

_____ Saturdays 10:00am - 11:00am

_____ Saturdays 12:00pm-1:00 pm

Ellisville Location

_____ Fridays 5:00pm-6:00pm

_____ Saturdays 12:00pm-1:00pm

What is the student's T-shirt size?

Adult size

()S ()M ()L ()XL

Youth size

()S ()M ()L

Cost of Class is \$100 per student

CREDIT CARD INFORMATION (needed to process tuition payment):

note: this information will be kept confidential and will be eliminated from DSAGSL's records after tuition payment is processed.

Card Type: (V, MC, DISC)

Card Number: _____

Expiration; _____

Cardholder's Name: _____

CVV (3 digits on back of card): _____

Parent/Guardian Agreement:

Signature: Parent/Guardian

Date