



# THE UNIVERSITY OF SOUTHERN MISSISSIPPI

SCHOOL OF MUSIC—SOUTHERN MISS PIANO INSTITUTE

Name \_\_\_\_\_  Male  Female Age \_\_\_ Grade \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name (if student is under 18) \_\_\_\_\_  
 (This person will be responsible for all financial matters).

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Private Lessons**  Fall '24  Spring '25  Summer I '25  Summer II '25

Years of Study	*Instructor	Day	Time	Length	Fee
This day/time ___ has ___ has not been confirmed by the teacher.					

*\*If you have no instructor preference, please write "needed" in the instructor field. Once this form has been reviewed, you will be contacted by the administrator to set up a placement audition/interview. Wherever possible, we will try to honor your teacher preference.*

**Teacher Request** (in order of preference)

1 \_\_\_\_\_ 3 \_\_\_\_\_  
 2 \_\_\_\_\_ 4 \_\_\_\_\_

Please circle whether you wish to have online or live lessons. I prefer online lessons; I prefer live

<b>Payment Calculation</b> <i>(Make checks payable to USM School of Music)</i>		Office Use Only	Date Rec'd ___/___/___
Annual Registration Fee	\$30.00	Payment Option: ___#1 ___#2 Payment 1 with Registration Fee: Date Rec'd: ___/___/___ Amount: \$ _____ Check No. _____  Payment 2: Date Rec'd: ___/___/___ Amount: \$ _____ Check No. _____	
Private Instruction			
SMPI Scholarship Fund Donation (optional)			
<b>TOTAL AMOUNT DUE</b>			

Please return this completed registration form to:

Sue Price, SMPI Administrator  
 209 Lynnwood Circle  
 Hattiesburg, MS 39402

Should you have questions, please contact:

Sue Price, SMPI Administrator  
 (601) 329-3537 (cell)  
 Email: sueboydprice@gmail.com