



**THE BOSTON
CONSERVATORY**
MUSIC DANCE THEATER

PERSONAL INFORMATION FORM

Student Name: _____

Social Security Number: _____

Date of Birth: _____

Gender: _____

Citizenship: US Citizen Non-Citizen Permanent Resident – Alien #: _____

Primary Email Address: _____

Secondary Email Address: _____

Ethnic Background: (optional) Black, non-Hispanic American Indian or Alaskan Native
 Hispanic Asian or Pacific Islander White, non-Hispanic Non-resident Alien Unknown

Local Address (Boston Area):

Home Phone #: _____

Cell phone #: _____

Billing Address (send bills to):

Daytime Phone #: _____

Grade Delivery Address (send report card to):

Parents' Address (only if different from local address):

Work Phone #: _____

Home Phone #: _____

The above information is correct to the best of my knowledge. By my signature below, I agree to abide by the rules and regulations of The Boston Conservatory as specified in The Boston Conservatory catalog and student handbook.

Student Signature: _____ **Date:** _____