

Information Sheet

Student Name _____ Grade _____ School _____

Age _____ Birthday _____

Parent Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Mailing Address: _____

Email Address: _____

Best way to contact you: _____

Student's lesson history _____

What kind of music does the student usually listen to? (genre, artist, etc...)

Is there any particular music (genre or piece) that the student really wants to be able to play? _____

Parents' knowledge of music:

Additional Information that may be helpful (i.e. study habits? reading or math difficulties? previous experience with lessons? Parent concerns? a love for scales? etc...)

How did you find out about this studio?
