Student Information Form

Please fill out the information below and return to the instructor.

General Information

Student Name _____ Age _____ DOB _____

School_____Grade _____

Parent(s) Name(s) _____

Address _____

Phone Numbers _____

Emails _____

How often is email checked? _____

Preferred method of contact: Home / Cell / Email / Other: _____

Emergency Contact Name/Phone Number (if other than parent) _____

_____

Allergy Information _____

How did you hear about me? _____

Photo & Video Release

Does the instructor have permission to feature photos and/or videos of this student (never using full last name) on the studio website or promotional items?_____

Do you have a piano at home? If so, what kind? _____

Hobbies or interests _____

Extra-curricular activities _____

Musical background _____

Does anyone in the family play the piano, or any other musical instruments? _____

_____

Please estimate how long the student will be able to practice each day. _____

*Is the parent available to help the student with their practice as needed? _____

*Is the student looking forward to taking piano lessons? _____

*Does the student like school?_____ Favorite subject(s) _____

*Describe how your student has exhibited an interest in music and the piano. _____

_____

Any concerns, or anything else you would like the teacher to know? _____

_____

_____

Please tell me about your goals with taking lessons and what you want to achieve:

_____
_____
_____

Please initial that you understand and will abide by following policies:

_____**Lesson Cancellation Policy: 24 hours notice is required to cancel a lesson, otherwise the lesson will be forfeited. If 24 hours notice is given, a lesson credit or make-up lesson will be issued.**

_____ Payment Policy: Monthly tuition and fees are due on the first scheduled lesson of the month. Any fees received after the second scheduled lesson of the month will be subject to a $5 late fee.

Signature_____Date _____