



# NEW STUDENT INFORMATION

Student Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Address \_\_\_\_\_

Previous musical experience: \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Numbers (Home, Work, Mobile, etc.) Place \* next to numbers that receive texting

Why do you want to study piano?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of music do you like?

\_\_\_\_\_

\_\_\_\_\_

Parent name(s) \_\_\_\_\_

\_\_\_\_\_

Birthday \_\_\_\_\_

Sports, Hobbies, Interests?

Age \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_

School \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL COMMENTS:

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