

Student Registration

Date _____ Last Name _____

E-mail _____ Work Phone _____ Phone _____

Student's E-mail _____ Student's Cell Phone _____ Cell Phone _____

LH RH Name _____ B-Date _____ Grade _____ Age _____

LH RH Name _____ B-Date _____ Grade _____ Age _____ 1st Lesson _____

LH RH Name _____ B-Date _____ Grade _____ Age _____ Last Lesson _____

LH RH Name _____ B-Date _____ Grade _____ Age _____

LH RH Name _____ B-Date _____ Grade _____ Age _____

Dad _____ Occup _____ Referred By _____

Mom _____ Occup _____ Former Teacher _____

Mailing Address _____ Yrs/Mo's Previous Lessons _____

_____ Type of Piano or KB _____

Physical Address _____ Piano Books Used _____

School _____ Church(opt.) _____

Reason For Lessons _____

Would learn music easiest by: { }by Reading { }by Ear { }by Rote _____

Parent's Musical Experience _____

Other Family Activities/Sports/Clubs _____

How does in School? _____

GT, ADD, Coordination, Vision, Learning Disabilities, Allergies _____

Maturity for Age/Grade _____

Good At (Physical/Play) _____

Type of Personality _____

Parent's Advice _____

Lesson Desires & Concerns, Schedule Considerations _____