



Student Information

Student Name: _____ DOB: _____

Does the student have a preferred nickname? _____

School: _____ Grade: _____

Hobbies/Interests: _____

Extra Curricular Activities: _____

Favorite Things (foods, toys, etc): _____

Previous lessons? Yes No

Instrument? _____ Number of years/last level completed _____

Mother's Name: _____ Cell: _____

Address: _____

Email: _____

Father's Name: _____ Cell: _____

Address: _____

Email: _____

Preferred method of contact? (Email, cell, mother first, etc) _____

Does student live with both parents? Yes No If no, are there special circumstances we need to be aware of?

Emergency Contact: _____ Cell: _____

Relationship to Student: _____

Additional comments, concerns or information you feel we should know? _____
