

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 us? _____

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 bulletin board, website, Facebook page, and/or promotional items?

- Yes.
- Please ask on a case-by-case basis.
- No.

Signature _____ Date _____

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? _____

**Not applicable to high school or adult students.*

For Teacher Only:

Private Lessons Classes

Level _____

Current Repertoire/Materials _____

Goals _____

Notes _____
