

Songinflight Studio - Student Info Sheet (Adult)

Student Name - first & last _____

Cell: _____ - _____

Home: _____ - _____

Other: _____ - _____

E-mail: _____

Home address: _____

Emergency contact name _____

Phone # _____

Previous musical experience - list private music lessons & number of years, participation in musical groups & activities, etc.

Student Goals - what do you hope to get out of this music lesson experience?

Days available for lessons in mid-afternoon to evening (circle all that apply) -

M T W Th F Sa

Preferred payment method (Venmo, PayPal, or cash delivery) -
___ 1st lesson of each month ___ 1st lesson of each semester

Anything else you want me to know?