

## *Songinflight Studio - Student Info Sheet (Children/Youth)*

Student Name - first & last \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School attending \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

\_\_\_\_\_

Preferred Contact Info for scheduling purposes: Name \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_

Home: \_\_\_\_\_ - \_\_\_\_\_

Other: \_\_\_\_\_ - \_\_\_\_\_

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

Home address: \_\_\_\_\_

Siblings / ages \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Phone # \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Student Goals (ask your child) - what do you hope to get out of this music lesson experience?

Days available for lessons in mid- to late-afternoon or early eve (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?