

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 (cash or check) -

___ 1st lesson of each month ___ 1st lesson of each semester

Anything else you want me to know?