

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.

Goals - 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

Preferred payment method (cash or check) -

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

Anything else you want me to know?