

STUDENT INFORMATION *One form for each student*

Student: _____ M F Date of Birth: _____ School: _____

Parent/Adult Mr. Mrs. Ms. Dr.: _____ Occupation: _____

Parent/Adult Mr. Mrs. Ms. Dr.: _____ Occupation: _____

Address: _____ City: _____ Zip: _____

Preferred Phone #1: _____ Owner: _____ Home Work Cell

Preferred Phone #2: _____ Owner: _____ Home Work Cell

Preferred Phone #3: _____ Owner: _____ Home Work Cell

Preferred Email: _____

Musical Experience

Classes *(check all that apply)*

- None Music Together Dalcroze Eurhythmics
 Group Piano/Keyboard Music Theory/History Other:

Private Instruction

Instrument: _____ Years Played: _____ Ensemble: _____

Teacher: _____ School: _____

Area of Interest

- Early Childhood (0 – 5 years) Keys for Kids (4 – 8 years)
 Private Instruction Ensemble/Orchestra/Group

Instrument: _____

Name of preferred teacher: _____

		Student Availability						
		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM								
PM								

What kind of teaching style do you think will work best for the student?

What are the student's musical goals and ambitions?

If applicable, what are the musical goals and ambitions of the parent/guardian(s) for the student?

How did you hear about Powers Music School?

Office Use Only

Notes:	Date:
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