



Alleycat Music Studio

For Instructor Use:

Date of First Lesson: _____

Rate per Lesson: _____

Student Information Sheet

Student Name: _____

Student DOB: _____

Parent(s) Name(s): _____

Home Address: _____
(Street, Apt. #)

(City, Zip)

Preferred Phone: _____

Alternate Phone: _____

Preferred Email Address: _____

Alt. Email Address: _____

Emergency Contact: _____
(Name, Phone)

Does student have allergies/medicines/special needs? Please specify.

Musical Goals

1. What are your goals (for your son/daughter) in taking piano lessons?

2. Have you (your son/daughter) taken piano lessons before?

Student:

Parents: _____

3. **Parents:** please describe your own musical knowledge/background (to assist Alice in understanding the student's practice environment).