Student/Emergency Information Sheet

Student Name: _____ Date: _____

School/Grade: _____ Birthday: _____

Student Email: _____

Student Cell Phone _____ Text? *(circle one)* Yes No

Parent/Guardian Name: _____

Address: _____ City/Zip: _____

Parent Email: _____ Home Phone: _____

Mom's cell:_____ Text? Yes /No Dad's cell: _____ Text? Yes/No

EMERGENCY CONTACT:
NAME: _____ PHONE: _____

Allergies/Medical Needs: _____

Parents – How do you prefer to receive studio information? Please circle all that apply:

Website Facebook Email Text

Instrument(s) – Please circle all that apply: Piano Trumpet French Horn

Any prior music experience or training? _____

STUDENT AGREEMENT: I agree to be prepared for lessons with all my materials; respect the instructor, other students, studio materials and equipment.

_____ _____
Student Signature Parent Signature