



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 Phone Text

Instrument(s): _____

Any prior music experience or training? _____

Brothers/Sisters? _____
Name Age Interested In

Name Age Interested In

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