

Cassia's Piano  Spring 2022
Student Information Form
Private Music Student

Today's Date _____ How did you hear about us? _____

Student Name _____

Date of Birth _____ Family Members Enrolled _____

Allergy Information _____

Adult #1: (Self for Adult Students)

Relation to Student _____ Phone _____ Text Okay? Y / N

Name _____

Address _____

City/State/Zip _____

Email Address _____

This person is in charge of:

Student Emails Payment Transportation Practice Emergency Contact ONLY

Adult #2:

Relation to Student _____ Phone _____ Text Okay? Y / N

Name _____

Address _____

City/State/Zip _____

Email Address _____

This person is in charge of:

Student Emails Payment Transportation Practice Emergency Contact ONLY

(Continue to Reverse Side)



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Tell me about your practice instrument Keyboard Piano

Where is it located? _____

Days/Times you plan to practice? _____

Other Hobbies/Interests _____

Do you have a musical background? _____

Family Members who play musical instruments _____

What kind of music does the student like? _____

Does the student have any academic struggles? _____

Any other info you would like us to know? _____

Teacher Use Only

Private Lessons Classes

Instrument _____

Level _____ Curriculum _____

Notes _____
