



The Music Staff Studio Performing Arts Academy
telephone- 615.351.1769
email- info@themusicstaffstudio.com
www.themusicstaffstudio.com

STUDENT INFORMATION FORM

ACCOUNT INFORMATION

Account/Parent name:

Student name:

Billing address:

City/State:

Zip code:

Telephone number:

Secondary telephone number:

Email address:

Lesson day/time:

Instructor (if known):

Instrument or class:

Instrument make/model (if known):

STUDENT INFORMATION

School:

Grade:

Birthdate/student age:

Family information (please include siblings if applicable):

What style(s) of music is the student interested in and listen do?

What style(s) of music is the student interested in learning/playing?

Does your child tend to be more extroverted or introverted?

PLEASE GIVE A BRIEF SUMMARY OF STUDENT'S EXPERIENCE AND ABILITY IN THE FOLLOWING AREAS OF EDUCATION. THIS WILL HELP THE INSTRUCTOR CUSTOMIZE THE PERFECT LEARNING ENVIRONMENT!

Reading ability/alphabet knowledge:

Mathematics level:

Physical ability:

Dexterity (left or right handedness):

Gross motor skills/fine motor skills:

Visual learning ability (please include glasses/contacts):

Aural learning ability:

Previous lessons and series used (if applicable):

Dance/movement experience:

Special needs or concerns/student disabilities:

Medications: