



2023-2024 Student Information

Student Information

Student Name: _____ Date: _____

Student Birthday: _____ Year in School: _____

If the student has any pertinent special needs, please describe (medical, allergies, learning styles, etc.):

Contact Information:

Parent/Guardian Name(s): _____

Parent/Guardian(s) Email: _____

Parent/Guardian(s) Phone: _____ Texting is Preferred

Parent/Guardian(s) Mailing Address: _____

Musical Information:

Student Musical Goals: _____

Student Musical Interests (musical genres, theory, improvisation, composition, etc.): _____

Please describe the student's involvement in previous musical activities (band, choir, private music lessons, etc.):

(Piano Students Only) Instrument Type: 88-key weighted digital piano Acoustic piano Other

Administrative Information

Would you like to be included on the studio lesson swap list? In the event a student is unable to attend lessons at his/her regularly scheduled time, you can contact the parents of another student to change lessons times. Only students who agree to be included on the swap list will receive the swap list. Yes No

I acknowledge and approve that there will sometimes be digital learning activities (listening to YouTube videos, theory activities, mobile app suggestions, etc.)

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Photo/Video Release

I give permission for you to use photos, video recordings, audio recordings in print, electronic media, or online media for promotional, educational, and other lawful purposes without compensation, as follows:

- A photo, video, or audio recording of my child with names attached*
- A photo, video, or audio recording of my child with no names attached*
- Only group photos with no names attached*
- None of the above*

Note: Students' full names will appear in programs at events and other recitals. Student names may also be printed in the newspaper advertising upcoming student recitals. If you have any questions or concerns, please email me at annaka@imperfectmusician.com.

Parent/Guardian Signature: _____

Transfer Student Information:

Previous Teacher's Name(s): _____

Previous Method Books (including level): _____

Favorite things about previous teacher: _____

Is there anything you felt didn't work well or was lacking in lesson experience that you would like to be included in our lessons? _____
