



Each Student Must Fill Out This Form

Application for All Piano School Students Year 2015-2016

Welcome to the Piano School. Please complete this form and return it to us, so that we may better serve you and have your contact information for our records.

Check if new or returning student.

Student's Name: _____

Male Female Age: _____ Birth date: _____ or Adult
Month / Day / Year

Parent's/Guardian's Name: _____

Home Address: _____
Street Address

City _____ State _____ Zip Code _____

Home Telephone: _____ Cell Telephone: _____

Email address (Parents' email or Adult's email): _____

If student, indicate grade and name of school: _____

What are your favorite days and times for piano lessons? _____

Musical Background: (ONLY NEW STUDENTS NEED TO FILL OUT THIS SECTION BELOW)

1. Have you taken piano lessons before? Yes No If so, how long? _____
(Years / Months)

2. If so, did you study privately or group? _____ Where? _____

3. Please list the books and material you used in your previous study.

4. Have you participated in the Piano Guild Auditions or other music competitions or festivals?
Yes No

If not, would you be interested in learning more about these opportunities? Yes No

5. What other kinds of musical activities have you or do you participate in, including other instruments, classes, orchestras, choruses, etc. _____

6. How did you hear about the Piano School? Website? ___ Sign? ___ Referral? ___ Driveby? ___
Other: _____

PSG

