

New Student- Application Form

Student's Name: _____

Age: _____ Grade: _____ School: _____

Home Address: _____

Parent's Name: _____

Home Phone: _____ Cel Phone: _____

Email Address: _____

Do you check email regularly? yes no

Has your child ever taken piano lessons before? : _____

If yes, please answer the following questions:

How many years has your child studied?: _____

Name of previous teacher(s): _____

Reason for changing teachers: _____

Has your child had any other musical education? (i.e. other instruments,

classes, etc.): _____

What other extra curricular activities is your child involved with?: _____

Please describe your own musical experience/skill level: _____

What is your reason for wanting your child to take piano lessons?: _____

How did you hear about Veronika Davy Piano Studio?: _____

I have read and agree to the studio policy (also available on the website):

(parent's signature)