

KJ Brass Studio // New Student Information

All information given is confidential and is not marketed or sold to any outside entity

Today's date _____

Student name _____

Instrument _____

Parent / guardian name (for minors only) _____

Street Address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell _____

Email address _____

Emergency Contact (Name & Number) _____

List instrument(s) played _____

Please list year in school (if in K-12 or college) _____

If you are currently attending any K – college institution, please list any school performing groups of which you are a member _____

Please list any community groups that you play in _____

Please give the number of years of experience on the instrument that you wish to study _____

How would you describe your level of ability? _____

Please list any previous studio teachers that you have worked with _____

Briefly describe your specific goals in taking private studio lessons _____

Please list any health concerns of which I should be aware _____
