Student Application Form

Please fill out and return this form. Thank you!

(Student's Name)		(Birthdate - day/month)	(Age - if under 18yı	rs) (Parent	Parent/Guardian Name)	
(Mailing Address)						
E-mail) (F		(Phone Number)	CELL (Phone T	LANDLINE Type)	CALL TEXT E-MAIL (Contact Preference)	
1. How long would you	like our lessons to be?	⁹ 45min 60m	in 75min	90min		
2. How often would you like lessons?		Weekly E	Every two weeks	Twice a week	Occasionally	
3. What instrument(s) y	ou would like lessons	for?				
4. Where would you like your lessons?		In Your Home	In My Studi	0	ONLINE	
5. What is your availabi	lity between 9am-10pi	m Monday-Friday?				
Monday	Tuesday	Wednesda	ay Thu	rsday	Friday	
6. What is your ideal les		our request)				
Monday	Tuesday	Wednesda	ay Thu	rsday	Friday	
7. How did you hear abo	out me? Poster Fa	cebook Jubilations	Rogues Friend/	Family/Other: _		
8. What is your previous	experience? (attach resur	ne if you have one)				
PATES (not including CST)	"TI	nanks for submitting yo	our application.			