

Student Information Form

Please fill out the information below during our free trial lesson

General Information

Student Name: _____

Age: _____ Date of Birth: _____

School: _____ Grade Level: _____

Parent(s) Name(s): _____

Address: _____

Phone Numbers: _____

Emails: _____

Lessons: Circle One VOICE PIANO COMBO DUAL GROUP

How did you hear about me?

Established Lesson Rate:

Musical Background:

Have you taken voice/piano lessons before: _____

If so when? _____

For how long? _____

Do you have a piano at home? Yes No

Do you play an instrument(s)? If so which? _____

Do you participate in a music program/choir at your school: Yes No

Which? _____

For how long? _____

Which section are you in? _____

Please list any other musical groups or ensembles you participate in.

Have you participated in any solo competitions? Auditions? Performances? Productions? Yes No

Please elaborate: _____

Please provide a list of solo vocal/piano music you have performed or worked on.

Why do you want to take music lessons? _____

Why now? _____

Please list your personal goals for lessons?

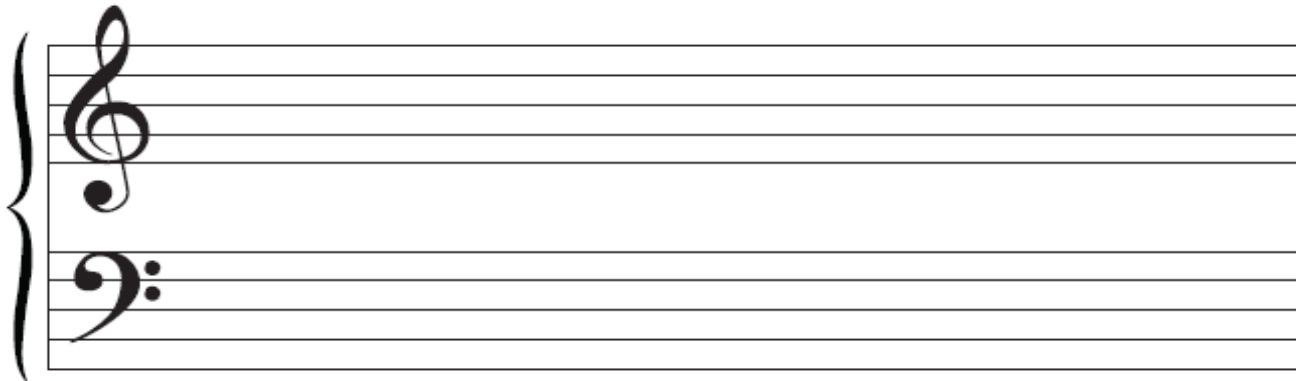
Now: _____

Long Term: _____

What extracurricular activities, sports, hobbies or interests do you enjoy outside music? _____

Assessment (to be completed by teacher):

1. Tone Quality:	Airy	1	2	3	4	5	Focused
2. Tone Color:	Bright	1	2	3	4	5	Dark
3. Intonation:	Inconsistent	1	2	3	4	5	Strong
4. Sight-Singing:	Basic	1	2	3	4	5	Advanced
5. Confidence:	Insecure	1	2	3	4	5	Confident
6. Overall Rating:	Weak	1	2	3	4	5	Strong



Range/tessitura:

Functional Range

Breaks:

Falsetto (for boys/men indicate if falsetto is present): Yes, strong Yes, weak No

Comments: _____

Teacher Goals: _____
