

Alison Drat Piano Studio
Student Information Sheet 2020-2021

Student's Name: _____

Grade and Age: _____

School: _____

Birthday: _____

Parents' Names: _____

Preferred Contact Phone: _____

Additional Phone Number: _____

Preferred Contact Email: _____

Address: _____

What extra-curricular activities will you participate in this year?

What hobbies do you enjoy?

What do you enjoy about taking piano lessons? What are your goals for this year?

What would you set as your practicing goal (number of minutes you would practice each week)?

Is there any other information that may be helpful for me to know (food allergies, health concerns, etc.)?

Please review the Studio Calendar for 2020-2021 and list any known conflicts with lesson dates or studio events.

I have read and agree to the Studio Policy 2020-2021 of the Alison Drat Piano Studio. I have reviewed the studio calendar and will make it a priority for my child to be in attendance at lessons.

Parent Signature

Date

I will do my best to come prepared each week to lessons and practice regularly.

Student Signature

Date