

Piano Study Enrollment Form

Please complete this form and return to : _____

Name _____ Birth Date _____
Month, Day

Home Address _____
Street City Zip Code

Home Telephone (____) _____ Work (____) _____

Email _____

Please share with me some of your hobbies or activities you enjoy: _____

Have you previously studied piano? Yes _____ No _____ If yes, how long? _____

Teacher(s) _____

Have you studied other instrument(s)? Yes _____ No _____ If yes, how long? _____

What Instrument(s)? _____

Does either parent (or any member of family) have a musical background? Yes _____ No _____

If yes, to what extent? _____

Briefly state what your musical goals are. Please let me know if you are interested in piano competitions, learning and using the skill of accompanying, participating with a partner in learning duets, your motivations for studying piano, the kind of music you are most interested in learning, etc.

How did you hear about us?

I have read the Piano Studio Policy and I understand my obligations and responsibilities as stated or implied.

Signature