



MELODIC NOTATION PRIVATE LESSON APPLICATION

PARENT NAME/GUARDIAN NAME: _____

STUDENT NAME: _____

STUDENT'S AGE: _____ STUDENT GRADE: _____

STUDENT SCHOOL: _____

BIRTHDAY: _____

ADDRESS: _____ COUNTY: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

HOW DID YOU HEAR ABOUT US? (NC MUSIC LESSONS, RCM, GOOGLE, FLYER, WORD OF MOUTH, ETC.) _____

MUSICAL BACKGROUND:

What instrument is your student interested in studying privately?

Has the student ever received private lessons before? On this instrument?

If so, please list instructor(s) and duration: _____

Is the student enrolled in a music class/chorus at his/her school? _____

Does the student own his or her piano/keyboard? If not, does the student have access to a school-owned instrument that he/she may bring home to practice on daily? _____

Does the student play any other musical instruments? _____

What are some of your favorite artists? _____

What do you hope to gain from Piano, Vocal, or Theory lessons? _____

How much time is the student willing to practice this instrument every day? Please circle one:

- a. 0-1 hour
- b. 2-3 hours
- c. 4-5 hours