

## New Student Survey:

Parent/Guardian	Name
Mailing address	
City/State Zip code Birthday Phone number E-mail address Age of student Grade in school:  For younger students:  Does your child know the alphabet? Can your child read?  Piano or Voice (Please circle)  Why do you want to take music lessons?  What is your musical background?  Have you ever studied an instrument/voice before? If yes, please explain (what, where studied, number of years, etc):	
Phone number	City/StateZip code
Phone number	Birthday
E-mail address	
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If yes, please explain (what, where studied, number of years, etc):	What is your musical background?
	🐉 Have you ever studied an instrument/voice before?
What, atyle(a) of music do you like?	If yes, please explain (what, where studied, number of years, etc):
What style(s) of music do you like?	
W WIIAU SUVIOLS I OI IIIUSIO OIO VOU IIRO;	What style(s) of music do you like?
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Any other comments:	Any other comments:

<sup>&</sup>quot;Music gives a soul to the universe, wings to the mind, flight to the imagination, and life to everything."
- Plato –