

# MUSIC STUDY ENROLLMENT FORM

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Length of Previous Study \_\_\_\_\_

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Home Address \_\_\_\_\_  
Street City Zip Code

Home Telephone \_\_\_\_\_ Work (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Does either parent have a musical background? If so, to what extent? \_\_\_\_\_

\_\_\_\_\_

Briefly state what your musical goals are for you or your child. (You may wish to discuss this with your child.) I am interested in knowing the kind of music in which there is most interest; whether or not you are interested in participating in music competitions; what kind of music is listened to in the home; and your ambitions, motivations for having you or your child study an instrument, etc.

\_\_\_\_\_

How did you learn about Second Street Music Academy?

\_\_\_\_\_

I have read the Studio Policies of Second Street Music Academy and I understand my obligations and responsibilities as stated or implied.

\_\_\_\_\_  
Parent or Adult Student Signature

\_\_\_\_\_  
Student (over age 8) Signature