

Instruments of Grace Music Academy
New Student Information Form

Please complete one form per student

First Lesson Date _____

Student Name _____ Birthday ____/____ Age _____ Grade _____

Does the student have any special needs? Yes No If yes, please describe _____

Learning Type: Visual Audio Kinesthetic Other _____ Reinforcements that work _____

Student's likes and interests _____ Dislikes _____

Parent/Guardian Name *(if student is under 18)* _____

Mailing Address _____ City _____

State _____ ZIP Code _____ Email Address _____

Home Phone _____ Text? Y N Cell Phone _____ Text? Y N

What is your preferred contact method? _____ Best time to contact _____

Instruments the student can play: *(Please use the back of this form if you have more information to add.)*

Instrument 1 _____ Beginner Intermediate Advanced Current Book/Level _____

Private Lessons? Y N School Learned ? Y N School _____ Teacher _____

Solo? Y N Ensemble? Y N Performances Y N _____

Scales Known _____ One Octave Two Octave Other Love Instrument? Y N

Other Skills _____

Instrument 2 _____ Beginner Intermediate Advanced Current Book/Level _____

Private Lessons? Y N School Learned ? Y N School _____ Teacher _____

Solo? Y N Ensemble? Y N Performances Y N _____

Scales Known _____ One Octave Two Octave Other Love Instrument? Y N

Other Skills _____

Instrument 1 _____ Beginner Intermediate Advanced Current Book/Level _____

Private Lessons? Y N School Learned ? Y N School _____ Teacher _____

Solo? Y N Ensemble? Y N Performances Y N _____

Scales Known _____ One Octave Two Octave Other Love Instrument? Y N

Other Skills _____

What does the student like the best about music? _____

Instrument(s) the student would like to study with us *(Circle all that apply)* Piano Keyboard Violin Viola Cello

Student's musical goals and ambitions: _____

Preferred Days and Times *(Circle all that are available or convenient for student and parent/guardian)*

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------|-----------|----------|--------|----------|
| AM | AM | AM | AM | AM | AM |
| PM | PM | PM | PM | PM | PM |

Session Length: 30 minutes 45 minutes 1 hour Other _____

Payment Types *(circle all that apply to you)*: Cash Check Credit/Debit Card Paypal Other _____

How did you hear about us? Sign Flyer Newsletter Other _____

Do you agree to comply with the Attendance and Tuition Policies? Yes No

Thank You & God Bless!!!