

PROSPECTIVE STUDENT INFORMATION

DATE: _____

Student Name:	Student Date of Birth	Student School & Grade
Home Address	City, State	Zip Code

1. Parent/Guardian Name	2. Parent/Guardian Name
Home and Cellular Phone:	Home and Cellular Phone:
Email:	Email:

Musical instruments of interest:	Prior & Current music instruction (instruments), teachers, length of study:
Group Classes of interest:	Music ensemble, program and performance experience:

When would you like to start Classes and/or Lessons?	Academic and extracurricular interests, hobbies and skills:
Which days of the week are you available for Individual Lesson instruction?	

Who in your family plays a musical instrument?	Siblings, ages and interests:
Which instrument(s) and length of study?	

Additional information you would like to share:

SOL-LA Group Classes visited, dates:

Thank you for visiting SOL-LA!