

## STUDENT INFORMATION FOR PROSPECTIVE STUDENTS

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:

1. What classes and lessons are of interest to you?	2. When would you like to start:  CLASSES:  LESSONS:
3. Prior & Current music instruction, teachers, length of study:	4. Music ensemble, program and performance experience:
5. Siblings, ages and interest in performing arts:	6. How did you hear about SOL-LA Music Academy?
SOL-LA CLASSES visited:	

Additional student and scheduling information you would like to share:

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Thank you for visiting SOL-LA!