



Student Information

Name:						DOB:	
School:		County:		Grade:		Age:	
How long has the student been taking piano: (if applicable)							
Previous teacher and reason for leaving: (if applicable)							

Parent Information

Guardian Name:				Address:			
Guardian Name:				Address:			
Home #:				E-mail:			
Cell #:		Whose # is this:		E-mail:			
Cell #:		Whose # is this:		Today's Date:			
How did you hear about Great Falls Music Studio:							

All information stated above is private and will not be shared with anyone.