PIANO LESSON REGISTRATION

Student's Name		Grade	
Address			
Street	City	Zip	
Parents			
Home Phone	Mobile Phone		
Which number is best to reach you			
Parent's e-mail		Do you text?)	
Previous Teacher(s)			
Number of years of lessons	Student phone		
Student e-mail		(Do you text?)	
Books you are working in:			
Type of practice instrument:Acoustic piano: Last tuning _	Do you own a	metronome?	
Digital piano: 88 full size	keys? Weighted key a dal? Metronome? _	ction?	
Are you in band and/or choir? (cire	cle)		
Goal(s) for lessons this year:			
Sports you are in:			