Ms. Agnes Hendrie, MA Ed
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Student Information Form

Student's Name: _____ **Date of Birth:** / /

Masks are required due Ms. Agnes' autoimmune disease. Willing to wear a mask: Yes / No

Parent's Name *(if student is a child)*: _____

For Parent attending Lessons with Child, are you willing to wear a mask: Yes / No

Address: _____

City: _____ **Zip Code:** _____ **State:** _____

Daytime Telephone: ( )_____ **Mobile:** ( )_____

Email Address: _____

Does the student have any prior music experience? Please describe:

_____

What are the student's musical goals?

_____

Is there other information that would assist me in teaching? (e.g. Learning style? Neurodiverse?)

_____

How did you hear about Songbird Studio? _____

Piano Students

What type of piano do you have:
Acoustic Piano / Digital Piano (88 keys? Weighted?)

Does the student have a preferred genre?

Voice Students

What is the student's vocal range?

Does the student have a preferred genre?

Signature: _____ **Today's Date:** / /
(Parent or guardian to sign on behalf of child)