



ACTION SCHOOL

BRINGING TALENTS in LIFE

Janna Gainulin
PIANO STUDIO

Date _____

STUDENT INFORMATION

Student Name _____ Age _____ DOB _____

School _____ Grade _____

Parent(s) Name(s) _____

Address/Phone Numbers _____

Emails _____

How often is email checked? _____

Preferred method of contact: Home/Cell/Email/Other _____

Emergency Contact Name/Phone Number (if other than parent) _____

Allergy Information _____

Is the student looking forward to taking piano lessons? _____

Does the student like school? _____ Favorite Subjects _____

Hobbies or Interests _____

Extra-curricular Activities _____

Musical Background _____

Does anyone in the family play the piano, or any other musical instrument? _____

*Describe how your student has exhibited an interest in music and the piano. _____

Would you like to inform me of any learning disabilities? _____

Please estimate how long the student will be able to practice each day _____

*Is the parent available to help the student with their practice as needed? _____

Any concerns, or anything else you would like the teacher to know? _____

*Not applicable to high students or adult students

For Teacher Only:

Level _____ Current Repertoire/Materials _____

Notes _____
