

# NEW STUDENT INFORMATION FORM

Please fill out the following information as completely as possible and return it to  
Jessica Frost-Ballas at your first lesson!

NAME: \_\_\_\_\_

Birthday: (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_

(If under the age of 18-

Parent(s) Name(s): \_\_\_\_\_  
\_\_\_\_\_ )

-Please fill out as completely as possible and indicate the best way to contact you with an asterisk (\*) in the left column:

\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_ -Is it okay to contact you via text message? \_\_\_\_\_

\_\_\_ Email Address: \_\_\_\_\_

\_\_\_ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Last Piece/Book/Etude Completed:

\_\_\_\_\_  
\_\_\_\_\_

Former Teachers/Years of Study:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical conditions that I should know about? This information will not be shared with other students.

\_\_\_\_\_  
\_\_\_\_\_

What are your goals for music lessons? (Personal enrichment, college study, therapy work, etc.)

\_\_\_\_\_  
\_\_\_\_\_