

The Evesham Flute Studio
New Student Profile & Registration Form

Name _____ Birthdate _____ Age _____ Grade _____

Address _____

Parents' Names _____

Home Phone _____ Cell Phone: _____

Parent email _____

Student email (optional) _____

School _____

Band Director _____

Years of school study _____ Previous private lessons? _____ How long?: _____

Private teacher: _____

How did you hear about the Evesham Flute Studio?

Reason for private lessons/goals? _____

Other musicians in family? _____

Average Practice time per week: _____

Do you have the following at home in the practice area?

Music Stand _____yes _____no

Metronome _____yes _____no

Tuner _____yes _____no

CD Player _____yes _____no

Computer access _____yes _____no

Do you have braces: yes / no Date on: _____ Anticipated date off: _____

Any questions or concerns that you'd like addressed at this time? _____

Office Use:

Date Registered: _____

Registration Fee: _____

Day _____ Time _____

Duration _____ Start Date _____