

Melody Ouyang's Piano Studio

Student Information

Date: _____

Name of Student _____ Age _____

Date of Birth _____ School Grade _____

Name of Parent/Guardian _____

Phone Number: Home _____, Mobile _____

Address _____ City _____ Zip Code _____

Email _____

Preferred form of contact: _____ Email _____ Phone _____

Length of Lesson ___30 minutes ___45 minutes ___60 minutes

Please list a window of time that you may start lessons on Tuesdays. (Ex. Lesson may start anytime between 3:30 to 5pm)

How long have you been taking piano lessons? _____year(s) _____month(s)

Events that you would like to participate:

_____Theory Test ___Fall Festival ___Sonatina Festival ___Competitions

_____Recital

Have you read, fully understand, and agree to Melody Ouyang's Piano Studio's policy?

_____yes _____No

Parent Signature: _____