

Poppy Violin Studio LLC

## New Student Registration Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Main Contact Phone: \_\_\_\_\_

Main Contact Email: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ personal phone \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ personal phone \_\_\_\_\_

Emergency Contact (of different from above) name: \_\_\_\_\_

Relation: \_\_\_\_\_

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

Primary Instrument: \_\_\_\_\_ Years played: \_\_\_\_\_ Years of lessons (if any): \_\_\_\_\_

**Schedule:** Please list all times when you will be available for lessons

Monday (before 1 pm only): \_\_\_\_\_ Tues: \_\_\_\_\_ Weds: \_\_\_\_\_

Thurs: \_\_\_\_\_ Sunday (before 3 pm): \_\_\_\_\_

Please Fill out the Questionnaire below:

What do you hope to accomplish by taking private lessons?

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Do you have any specific musical genre that you are interested in?

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Is there anything else you would like me to know about you?

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