

Preucil School of Music

LESSONS PLACEMENT FORM

STUDENT INFORMATION

Name: _____ Birth date: _____

Ethnicity: Asian American Hispanic/Latino Multiple Groups
 Black/African American American Indian
 Caucasian Native Hawaiian/Pacific Islander

Male Female Age[†]: _____ School*: _____ Grade: _____

[†] 3 and 4-year-olds: see *Pre-Twinkle Partner Lessons* on the reverse side.

*If Preucil preschooler, see #9 on reverse side.

Home Address: _____
Street City, State Zip Code +4

Home Phone: (____) _____

FAMILY INFORMATION

Parent Name 1: _____ mother father

Occupation: _____ Work Phone: (____) _____

E-mail: _____ Cell Phone: (____) _____

Address: _____
(if different from above) Street City, State Zip Code +4

Parent Name 2: _____ mother father

Occupation: _____ Work Phone: (____) _____

E-mail: _____ Cell Phone: (____) _____

Address: _____
(if different from above) Street City, State Zip Code +4

MUSIC LESSONS

Does the student attend Music Together®, Dalcroze Eurhythmics or Preschool at Preucil? Yes No

Does this student or other immediate family members currently take lessons at Preucil? Yes No

If yes, list name(s) and instrument(s): _____

If no, how did you hear about the Preucil School? _____

Instrument Desired: Piano Violin Viola Cello Bass Voice Flute

When would you like to begin lessons? Fall Spring Summer 20____

Have you taken lessons before? Yes No

If Yes: Prior teacher/program: _____

Reason for transfer: _____

Years of study: _____ Current Literature: _____

Please *write in* all times you are available for lessons:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9AM-3PM						
3PM-5PM ⁺						
5PM-8PM ⁺						

⁺Please see #3 under *Pre-Twinkle Partner Lessons* on the reverse side

Please submit this form with the \$35.00 placement fee. (*non-refundable*)

