

Meisel Music Studio Student Intake Form

Date\_\_\_\_\_

Student Name\_\_\_\_\_

Student Age and Grade\_\_\_\_\_

Years of Music Lessons\_\_\_\_\_

Parent Name\_\_\_\_\_

Email address\_\_\_\_\_

Best Phone Number to reach\_\_\_\_\_

Please tell me what you hope your child will gain from music lessons.

I have read and agree to the Meisel Music Studio policies.

Printed Name\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_