

Dean Johnson's Music, Inc.

Student Information Sheet

_____ Student Name (please print)	AGE: _____
_____ Parent/Guardian Name (print)	_____ Home Phone w/ Area Code
_____ Mailing Address	_____ Work Phone/Cell
_____ City, State, Zip	_____ E-mail Address

1. Do you have any prior musical experience on the instrument you plan to study, or with music in general? Explain briefly below :

2. What are your expectations and musical goals?

3. How did you find out about us (website, internet search, word of mouth, other)?

Please read the accompanying studio policy sheet and sign the acknowledgement below.

I acknowledge that I have received, have read, and agree with the terms of the Music Studio Policy:

Print name

Signature

Date