

Dean Johnson's Music, Inc.

Student Information Sheet

_____	AGE: _____
Student Name (please print)	
_____	_____
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 this instrument? Explain briefly below :

2. Do you have any prior musical experience? Explain briefly below:

3. How did you find out about us?

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