

RATOATH MUSIC SCHOOL STUDENT INFORMATION FORM



STUDENT'S NAME: _____

DATE OF BIRTH/AGE: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

INSTRUMENT: _____ TEACHER: _____

DAY: _____ TIME: _____

ADDRESS: _____

TELEPHONE: _____

MOBILE: _____

E-MAIL: _____

MUSICAL EXPERIENCE (NUMBER OF TERMS ATTENDED): _____

NUMBER OF FAMILY MEMBERS ATTENDING THE SCHOOL:

LEFT HANDED OR RIGHT HANDED:

CURRENT MUSICIANSHIP/ THEORY STANDARD (EXAMS):

ANY OTHER MUSICAL INFORMATION: (EG. CHOIRS, BAND, AWARDS ETC.)

RELEVANT INFORMATION HELPFUL TO YOUR PROGRESS (EG. LEARNING DIFFICULTIES/ HEALTH):

ANY ALLERGIES/ MEDICAL INFORMATION:

IF NOT ALREADY DOING SO, WOULD YOU LIKE TO PARTAKE IN EXAMS:

CAN WE USE YOUR PHOTOGRAPH FOR OUR WEBSITE:

ANY OTHER RELEVANT COMMENTS/ CONCERNS:

SIGNATURE/ DATE:
