

# Epping Music Studio

## Student ID and Enrolment Form

Date of application:

Full Name:

Date of birth:

Mother's Name:

Father's name:

Address:

Home Phone:

Work Phone:

Mobile:

E-mail address:

Instrument:

Length of lesson:

What kind of music would you like to play/sing?

Would you like to do an exam?

How much time are you willing to spend practicing each day?

Previous musical experience and/or tuition:

Please list when you are available for your lesson in order of preference:

- 1.
- 2.
- 3.
- 4.
- 5.

Preferred lesson mode:

Private

Semi private   
(two per lesson)

How did you hear about us?

Internet

Letter box delivery

Local newspaper

Word of mouth

Car

Other

Please indicate here any other special requests you have.

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