



Cindy L. Deane

♪♪ Private Instruction ♪ Coaching for sectionals & small ensembles ♪ Master classes♪♪
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STUDENT INFORMATION FORM

Student Name: _____

Parent(s) or Guardian Name(s): _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Work Cell Home Home Cell Other _____(specify)

Student cell phone: _____ (If applicable)

Best contact email: _____

Age and/or Grade: _____ School (if applicable): _____

Are you a beginner? Yes No

How long have you played (name instrument) _____

If you've studied your instrument before, with whom have you studied? _____

How long? _____

What other instruments have you played and how long? _____

If you have any specific goals for your music lesson(s), please specify. Or any other information you would like to share that is pertinent to lessons.

Do you intend to take lessons regularly or occasionally? _____

(Regularly generally means you are interested in weekly lessons. Length of lesson can be worked out per individual student.)

Is this only for Summer term? Yes No Undecided

Student's Birthday: _____

How did you hear about lessons? Did someone encourage you to take private lessons?

Lesson day of week, and any time preferences: _____

