

Date Information Received

____/____/____



Teacher _____

Time _____

Start Date ____/____/____

134 S. Union Street, Spencerport, NY 14559 • (585) 352-8686 • Fax (585) 349-3060
dori@dorimusicstudio.com • http://dorimusicstudio.com

OFFICE USE ONLY
PROCESSING NEW STUDENTS

- ____ Enter F3 in the computer fill in sort code and message information
- ____ Fill out New Student Form for teacher (put in teacher's folder)
- ____ Fill out New Student Form for Dori (Put in clip on wall for Dori)
- ____ Fill out 2 copies of policy letter (leave on desk to be signed by parent and/or student)
- ____ Give one copy signed policy letter to parent/student
- ____ Put our copy of policy letter in notebook on phone counter
- ____ Add student's name to the day and time on the schedule on the clipboard
- ____ Add information to the new student rotation ____/____/____ Date and ____ Initial when completed. ____ Put this form in the notebook in the office.

STUDENT INTERVIEW FORM

To reserve a lesson time at *Dori's Music Studio*, please complete this form and submit to *Dori's Music Studio by email or send to the above address*. THE STUDIO OFFERS LESSONS TO STUDENTS AFTER SCHOOL, EVENINGS, and SATURDAYS.

PLEASE PRINT-Thank you

Applicant's Name: _____

Address: _____

Parent or Guardian's Name(s)* * *Needed for children pre K-12th grades only.*

Work Telephone _____ Home Telephone _____

Cell Phone _____ E-mail Address _____

Grade in School _____ Name of School _____

Family Musical Involvement (list briefly) _____

****APPLICANT LESSON TIMES ON REVERSE SIDE****

Student Interview Form continued

What musical activities does the applicant currently participate in both home and at school?
(list briefly) _____

Specify lessons student is interested in _____ (ex. Piano, guitar, voice, etc.)

Has the applicant played specified instrument before? (Place an X) YES _____ NO _____

If YES, has the applicant taken private lessons before? (Place an X) YES _____ NO _____

Does the applicant have any special learning or learning environment needs? (please be specific) _____

How did you hear about the studio? _____

Availability: On the days available, please indicate the earliest and latest times the applicant can attend a lesson on that day.

	<i>Earliest Time Available</i>	<i>Latest Time Available</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

INSTRUMENTAL APPLICANTS ONLY

What type of instrument do you have? (please indicate which one) acoustic guitar, electric guitar, drum set, practice pad, flute, saxophone, clarinet, oboe, trumpet, trombone, french horn, violin, piano, keyboard.

Needs to rent an instrument, will come in and do at the first lesson? YES _____ NO _____

Needs to buy an instrument? YES _____ NO _____

VOICE APPLICANTS ONLY

What is the applicant's vocal range?

Soprano Alto _____ Tenor _____ Bass _____