

Date Information Received

____/____/____



Teacher: Student _____

Date & Time _____

Start Date ____/____/____

134 S. Union Street, Spencerport, NY 14559 • (585) 352-8686 • Fax (585) 349-3060
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OFFICE USE ONLY
PROCESSING NEW STUDENTS

- _____ Enter F3 in the computer fill in sort code and message information
- _____ Add the information in the maroon notebook (bottom of the last page).
- _____ Fill out New Student Form for Dori (Put in clip on wall for Dori)
- _____ Email teacher with the student information, day, time, name, phone, Email, age, etc
- _____ Email the applicant with the date, time, teacher, etc, attach the 'New Student Information-Winter' Word Doc.
- _____ 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 the policy letter in the notebook on phone counter, filed under teacher.
- _____ Add student's name to the day and time on the schedule on the clipboard
- _____ Add student's & teachers name, & time to the large calendar on the desk under the first lesson day.
- _____ Enter name, Email and phone number in the Square
- _____ Put this form in the gray notebook in the office, filed by last name.

STUDENT INTERVIEW FORM

To reserve a lesson time at *Dori's Music Studio*, please complete this form and submit to *Dori's Music SCHOOL, EVENINGS, and SATURDAYS.*

PAYER INFORMATION: PLEASE PRINT & FILL IN ALL PAYER INFORMATION-Thank you

Name: _____

Address: _____

Work Telephone _____ Home Telephone _____

Cell Phone _____ E-mail Address _____

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

Student Name _____ 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 _____