

STUDENT REGISTRATION FORM

In theory, in practice, in time.

STUDENT INFORMATION	
Student name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of birth:	Current school:
Instrument: <input type="checkbox"/> Piano <input type="checkbox"/> Guitar <input type="checkbox"/> Bass <input type="checkbox"/> Sax <input type="checkbox"/> Clarinet <input type="checkbox"/> Flute <input type="checkbox"/> Violin	
How long have you studied this instrument:	
Reasons for learning this musical instrument:	
Previous instruments learnt:	
Preferred musical styles: <input type="checkbox"/> Classical <input type="checkbox"/> Contemporary (eg. Jazz, rock etc)	
Would you like to do exams?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What exams (if any) have you done?:	
How did you hear about Learn Music? <input type="checkbox"/> Friend/family <input type="checkbox"/> Website <input type="checkbox"/> Walked by <input type="checkbox"/> Other: _____	
PARENT/GUARDIAN INFORMATION	
Parent/Guardian #1's name:	Ph. no: (H) (M)
Parent/Guardian #2's name:	Ph. no: (H) (M)
Address:	
Email address(es):	