



## Student Information Sheet

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ (Cell: \_\_\_\_\_)

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Person other than parents who may be contacted in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No: \_\_\_\_\_

Date lessons started: \_\_\_\_\_

If transfer student, date lessons originally started: \_\_\_\_\_

Level: Beginning \_\_\_\_ Intermediate \_\_\_\_ Advanced \_\_\_\_