Student Informati	on:				
Students Name:			Birthday:		
Parents Names (b	oth):				
Home:	Cell:		Email:		
Do you receive tex	t messages?	(please circ	le)		
		Y N	N		
How would you lil	ke to be cont	acted? (plea	ase circle)		
	Text	Phone	Email		
Students_Former N	Ausical Expe	rience (any	instrument):		
Musical interests (favorite styl	es and song	s):		

Why piano? What are your goals, or goals for your student?

How did you hear about KP Studios?

Notes: