



Rosangel Piano Studio

Student Registration Form

DATE OF REGISTRATION

/ /

STUDENT'S PERSONAL INFORMATION

Student's Full Name

Nickname

Student's DOB / /

Email

Student's Gender

Student's School

Preferred Language

Allergies (if any)

Address

PARENT'S INFORMATION

Parent's Full Name

Cell Phone #

Place of Work

Work Phone #

EMERGENCY CONTACT

Name

Relationship

Phone

Address

MUSICAL EXPERIENCE

Years of experience playing the instrument

Goals in taking lessons (i.e., become professional musician, hobby, etc.)

Favorite genre of music

Parent Signature

www.rosangelpianostudio.com
rosangelpianostudio@gmail.com
 Based in South Miami, FL



THANK YOU FOR REGISTRATION

This form helps me get to know the student a little better in order to ensure a positive learning experience. We will contact you shortly.