

SONICA STUDIOS

Student Profile



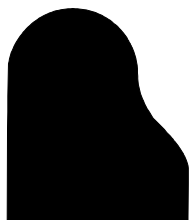
Thank-you for your interest in taking music lessons through Sonica Studios. In order for me to provide a program that best meets your needs, it is helpful for me to have some information about your musical experiences and interests.

Please complete this questionnaire and return it to me at your first lesson.

Name of student	Age	Grade*
Name(s) of parent(s)*	Phone number (home)	Phone number (work)
Address		
E-mail address (optional)		
Allergies or other medical concerns		
Previous musical experience		
Parent(s)' musical background*		

Days of the week that you are available for lessons (specify mornings, afternoons or evenings)	
Reasons for wanting to take piano lessons (goals)	
Amount of time available per day for practising	
Type of instrument that will be used for practice	
Questions or comments	
Date	Signature

**if applicable*



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Please feel free to contact me any time in person, in writing, by telephone, or by e-mail.