



Ashley Nelson Music

www.ashleynelsonmusic.com

Private Studio - Request & Informational Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

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

Preferred E-mail: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

call? \_\_\_\_\_ text? \_\_\_\_\_

Emergency Contact/Number:

(Name)	(Number)

Check below to indicate areas of interest:

- Voice Lessons
  - o classical \_\_\_\_\_
  - o choral \_\_\_\_\_
  - o musical theater \_\_\_\_\_
  - o pop/rock \_\_\_\_\_
  
- Piano Lessons
  - o child/beginner \_\_\_\_\_
  - o adolescent/adult beginner \_\_\_\_\_
  - o pop/lead-sheet reading \_\_\_\_\_
  - o w/ focus on music theory \_\_\_\_\_
  
- Songwriting \_\_\_\_\_

Months Requested: \_\_\_\_\_

Day/Time Requests/Restrictions:

\_\_\_\_\_

\_\_\_\_\_