

Sara Marie Music Studio- Information Sheet



Contact Information

Student Name	
Parent(s) Name	
Street Address	
City ST ZIP Code	
Home Phone	
Parent Cell Phone	
Student Cell Phone	
E-Mail Address	

Lesson Slot

DAY _____

TIME _____

Other Info

_____ INSTRUMENTS

_____ DURATION OF LESSON

_____ AMOUNT DUE MONTHLY (amt. subject to change)

Signature

Parent/Guardian or Student Signature

X _____