



Quentin Road Music Lab

Quentin Road School of Music

(please print and complete and bring to your first lesson)

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Today's Date: ____/____/____

Father's First Name: _____ Father's Last Name: _____

Mother's First Name: _____ Mother's Last Name: _____

Siblings First Names: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____@_____._____

Instrument you would like to learn _____

Have you played before? Yes No If so, how many years? _____

Who was your teacher? _____

How will you be paying for your lessons? Cash Check

Office Use:

Teacher: _____

Date Started: _____