



## NEW STUDENT INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

Referral Source: \_\_\_\_\_

Voice Type: \_\_\_\_\_

Schooling: \_\_\_\_\_

Musical Background: (Please list all the instruments you have studied, the teacher and length of time studied. Please also include choral and musical experience. If preferable, attach a resumé.)

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Voice Description:

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Reason for taking voice lessons/aspirations:

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Favorite subjects in school:

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Languages:

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Favorite types of music to listen to:

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Favorite singers:

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Medications and relevant health information:

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