STUDENT INFORMATION SHEET

Name	Age					
	Grade in school					
School you attend						
Other activities you are in						
Have you studied piano before?	If so, for how long?					
What books did you use?						
How long did you usually practice every day?						
Parents' name						
Address						
Home phone	Email address					
Place of employment						
Daytime emergency contact number						
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<u>Notes</u>						

Date lessons began _____