

Student Name: _____

Campus: _____

Class Period you have Band/Choir: _____

Student Contact Information (Optional for students under the age of 18)

*Student Email: _____

Student Phone: _____

Parent/Guardian Information (Required for students under the age of 18)

Parent/Guardian Name: _____

Relationship to student: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

*Parent/Guardian prefers to receive payment reminders and/or lesson updates via (select all that apply):

Text Message

Phone Call

Email

Paper Copy sent home with student

Student Profile

Experience Level (Circle One): Beginner Novice Intermediate Advanced

How long have you been in your school ensemble? _____

Have you taken private lessons before? _____ If so, from whom? _____

Please rate your experience and/or ability levels for the following from 1 to 5 (1=worst, 5=best):

___ Practice Habits ___ Pitch Accuracy ___ Music Literacy ___ Sight-Reading

___ Breath Support ___ Rhythm Accuracy ___ Expression ___ Posture ___ Tone

If you placed any "1's" above, please use this space to explain why you feel that way:

What goals would you like to achieve from taking private lessons?

*Please be aware that Mrs. Porter manages her studio, assignments, student practice logs, and lesson notes online at www.KatiePorter.MusicTeachersHelper.com. Registration and regular access to this site will be necessary for your student to reach their full potential. If internet access is an issue, please notify the instructor.