Doris Chiang D.M.A.
Piano Studio

Piano Student Enrollment Form

Please complete the following and return to me. Thank you.

I. Personal Information

Student name: _____
First Last

Home Address: _____

_____

Home Tel. No.: (_____)_____

Current Age: _____ Birthday ___/____/_____

School name: _____ Grade: _____

Mother's name: _____
Work or cell No.: (____)_____
E-mail: _____

Father's name: _____
Work or cell no.: (_____)_____
E-mail: _____

II. Piano Study History

1. Length of previous study: _____
   Teachers:
   _____
2. Previous musical festival or competition experiences:
   _____
   _____
3. Does either parent have a musical background? To what extent?
4. What is your musical goal for your child?

I have read the Studio Policy of Miss Chiang and understand my responsibilities and obligations as stated or implied.

Signature X_____ Date _____