Vocal Stage Studio: Initial Evaluation Request Form

SECTION 1. STUDENT INFORMATION:

Full Name:	DOB:
Email:	Cell #:
Primary address: ☐ Same as Guardian	

Parent/ Guardian Information if student is a minor or dependent:

Full Name:	
Cell #:	Email:
Address (If different that student):	

SECTION 2. SCHEDULING AND VOCAL ASSESSMENT:

1. Type of lessons you are interested in

☐ PRIVATE. One on one $60 per class. Personalize for you

In depth understanding of your voice and how to fix issues with it.

☐ SHARED. 2 people with similar level (invite a friend or family member to sing with you)

$40 per class/student.

Fundamental voice theory and techniques, we advance together.

☐ GROUP. Generic voice technique instruction.

More singing less technique.

$30 per class/student. Monthly nonrefundable tuition.

2. Preferred Lessons Times. Please MARK all the days and times that would work for you to take your singing lessons.
*AG= Adult Group, *KG= Kids Group

HOURS	Mon	Tue	Wed	Thu	Fri
11– 11:50 am	☐	☐	☐		☐
12- 12:50 pm	☐	☐	☐		☐
1 – 1:50 pm	☐	☐	☐ * AG	☐	☐ * AG
2 – 2:50 pm	☐	☐		☐	
4 – 4:50 pm	☐	☐	☐ *KG	☐	☐
5 – 5:50 pm	☐	☐	☐	☐	☐
5 – 6:50 pm	☐	☐	☐	☐	☐
7 – 7:50 pm	☐	☐	☐	☐	☐

*AG = Wednesdays, and Fridays at 1pm is reserved for Adul Group Lessons (80 minutes). Ages 18 +

*KG = Wednesdays at 4:20 pm Is reserved for Kid group lessons (50 minutes) Ages 9 - 11 years old. This is the only time I teach Children younger than 11 years old.

3. Why do you want to take lessons? What are you hoping to achieve?

Answer:

4. Vocal Experience Level. Select what best describes you

☐ Beginner: You have little to no previous training. You may have sung in the shower or for fun, but you are new to formal lessons

☐ Intermediate: You have taken lessons (or sung in a choir/group) for 1-3 years and understand basic vocal terminology

☐ Advanced: You have studied for 3+ years and may have performed lead roles, recorded music, or are currently preparing for college auditions

5. Describe previous experience if any. (teachers, years, training).

Answer:

6. Self-Assessment. Describe your current singing voice, or what do you feel absolutely needs the most help?

Answer:

7. Health Concerns. Do you experiencing, pain, fatigue or discomfort when singing? Are there any previous or current sickness that affects your vocal cords?

Answer:

8. Type of music you like to sing. What genres or artists do you like to perform?

Answer:

SECTION 3: PHOTO SUBMISSION INSTRUCTION

MANDATORY SECURITY STEP: For the safety of the studio (which operates by appointment only), you must email a photo of the primary adult's driving license to lizahumada@vocalstagestudio.com immediately after submitting this form. Your evaluation will not be scheduled until this photo is received and verified

SECTION 4: AGREEMENTS

- Checkbox ☐ All the personal information I offered is valid and accurate as of today and you are responsible of notifying us of any changes or request that this information be withdrawn. We will use this information to contact you regarding your interest in vocal lesson.
- Checkbox: ☐ I understand that my evaluation appointment will be scheduled only after my photo ID is emailed and verified.