



Student Information Form

Please fill out the information below and return to Dave Hart.

General Information

Student Name _____ Age _____ DOB _____

School _____ Grade _____

Parent(s) Name(s) _____

Address _____

Phone Numbers _____

Emails _____

How often is email checked? _____

Preferred method of contact: Home / Cell / Email / Other: _____

Emergency Contact Name/Phone Number (if other than parent) _____

Allergy Information _____

How did you hear about Dave Hart Music? _____

Photo & Video Release

Does Dave Hart Music have permission to feature photos and/or videos of this student (never using full last name) on the studio bulletin board, website, social media, and/or promotional ads?

- ☐ Yes.
- ☐ Please ask on a case-by-case basis.
- ☐ No.

Signature _____ Date _____



Do you have a guitar at home? If so, what kind? _____

Hobbies or interests _____

Extra-curricular activities _____

Musical Background _____

Does anyone in the family play the guitar, or any other musical instruments? _____

Please estimate how long the student will be able to practice each day. _____

*Is the parent available to help the student with their practice as needed? _____

*Is the student looking forward to taking guitar lessons? _____

*Does the student like school? _____ Favorite subject(s) _____

*Describe how your student has exhibited an interest in music and the guitar. _____

Any concerns, or anything else you would like Dave to know? _____

**Not applicable to high school or adult students.*

For Dave Hart Only:

☐ Private Lessons ☐ Co-op

Level _____

Current Repertoire/Materials _____

Goals _____

Notes _____