

Oak Hill Drum Studio

Lesson Enrollment Form

Complete and return this enrollment form to book your lessons.

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|---|----------------|--|-----------|
| Today's Date: | Lesson Day(s): | Start Time: | Duration: |
| Student Name: | | Date of Birth: | |
| Parent(s) Name: <small>(If Applicable)</small> | | | |
| Street Address: | | City, State, Zip Code: | |
| Email Address: | | Email Address #2: | |
| Cell Phone: | Home Phone: | Work Phone: | |
| Name of School or Work: | | Grade: <small>(If Applicable)</small> | |
| Please list any learning disorders or physical limitations we should be aware of: | | | |
| Is the student right handed or left handed? | | | |
| How did you find us? | | | |
| Do you have drums at home? If yes, please describe. | | | |
| Has the student had any previous music training? If yes, please describe. | | | |
| Does the student have any musical goals or aspirations? | | | |
| Please list the student's music preferences (rock, pop, country, etc.) and/or favorite bands: | | | |