



THE MUSIC LEARNING CENTRE

For Serious Fun

STUDENT DETAILS

Title (please circle) Dr / Ms / Mrs / Mr / Master / Miss

Full name

Preferred name (tutor will address student by this name).....

Preschooler

School student

Adult

(Pre)School	Year
Date of birth (dd/mm/yy)/...../.....	

Musical instruments played

(Please provide details of tuition history, including highest grade achieved and grade currently studied)

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Knowledge of music theory (including highest grade achieved, and grade currently studied)

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Group musical activities (Eg. kapahaka, choir, chamber music, school or community orchestra)

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Musical goals (Please state any specific musical goals you hope to achieve in the next 12 months)

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Other relevant information

(Eg. Areas of talent or giftedness, personality traits, style of learning, special needs, health issues etc.)

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