



# Minnesota Music *Studios*

Combining music lessons with recording technology

## NEW STUDENT FORM

DESIRED START  
DATE AND TIME: \_\_\_\_\_

Student Name: \_\_\_\_\_ Instrument: \_\_\_\_\_

Age: \_\_\_\_\_ or Grade: \_\_\_\_\_ Parent Names: \_\_\_\_\_

Phone: \_\_\_\_\_ II Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Mail Address City State Zip

### Emergency Contact:

\_\_\_\_\_  
Name Relationship Phone Alternative Phone

**I have read and agree to follow Minnesota Music Studios policies and procedures.**

**X** \_\_\_\_\_  
Signature