

**Studio of Annie Artinian  
Application for Study**

Name of student: -----

Address: -----

City: ----- Zip: -----

Phone numbers: (H): ----- (C): -----

Work phone numbers (optional): -----

E-mail address: -----

Information about student:

Age: ----- Date of Birth: -----

Grade (Fall -----): ----- School: -----

Interests: (Sports, hobbies etc.) -----

Length of previous study: -----

Does student play any other instrument? ----- If so, what? -----

Is student taking any other kind of music lessons? (Please specify) -----

Is there a piano in the home? ----- Acoustic or digital? -----

Please give any additional information that you feel would assist the teacher in working more effectively with your child (learning habits, skills, goals etc.):

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*I have read the policies of the studio of Mrs. Artinian and agree with all its terms:*

Signature of Parent ----- Date: -----