

STUDIO 31 BY KEATON

Student name: _____

Starting date: _____

Contact email: _____

Parent Name and Phone #: _____

Music Experience: _____

What do you want to get out of these lessons? _____

Please list 5 songs or musical artists that you love or listen to: _____

I, _____, promise to do my best during lessons and when
(student)

practicing and doing assignments. I, _____, am amazing and I will
only get better with time. I, _____, promise to have my materials for
every lesson. I, _____, will be patient with the process and never beat
myself up! I, _____, will have fun and be a great musician!!

according to my student's chosen lesson type.

Date: _____