

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: _____

Do you have any music goals? What are they? (Dream BIG!) _____

Materials: - Water
 - Folder with papers I send, notes you take, and music assigned to you
 - Pencil

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!!

I, _____, have read and acknowledged Studio31's policies,
 (parent)

according to my student's chosen lesson type.

Student signature: _____

Parent/Guardian signature: _____

Date: _____