

# Earl Warren Middle School Music Program

## *Intent Form*

**If you plan to enroll in music, PLEASE RETURN THIS FORM WITH YOUR REGISTRATION PACKET.**

STUDENT NAME: \_\_\_\_\_

CURRENT SCHOOL YOU ARE ATTENDING: \_\_\_\_\_

ARE YOU ENROLLED IN A SCHOOL MUSIC PROGRAM? circle YES NO

INSTRUMENT(S) YOU CURRENTLY STUDY: \_\_\_\_\_

If you are a Beginner, please list the instrument you would like to learn: \_\_\_\_\_

STUDENT HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

STUDENT HOME PHONE: \_\_\_\_\_

PARENT/GUARDIAN EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

### **EXPERIENCED STUDENTS, PLEASE SEE BELOW:**

How long you have studied your instrument: \_\_\_\_\_ years \_\_\_\_\_ months

Do you currently take private lessons: circle YES or NO

If so, please list your teacher: \_\_\_\_\_