

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_

*\* for underage students only*

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

Address: \_\_\_\_\_

### Violin Education Background:

- Beginner (0-1 year)
- Intermediate (1-3 year)
- Advance (3+ years)

### Program Interested:

- Beginner | weekly 30 min private lesson
- Intermediate | weekly 45 min private lesson
- Advance | weekly 60 min private lesson

**Lesson Date/Time Preferred** (limited spots are available, preferred time might not be assigned):

\_\_\_\_\_

### Instrument:

Do you have violin and bow ready for the lesson?

- Yes
- No, I'm ready to purchase or rent

### Learning Commitment:

Violin learning is a long journey which requires patience and commitment. Students are expected to commit to at least one year of study to fully benefit from the curriculum. Studio policy requires a 30 days notice before terminating lessons

### Photo/Video Image Release:

I authorize Stanny Shiu Violin Studio to photograph, record video and audio of me or my child while participating in the program. I understand these images and recordings may be used by Stanny Shiu Violin Studio for purposes of marketing and promoting the interests of music education. I hereby waive any kind and all rights I, or my child, may have for remuneration of any kind which could accrue for the use of such materials.

- Yes, I do accept the terms and conditions for photo/video image release
- No, I don't accept the terms and conditions for photo/video image release

### Questions and Requests:

\_\_\_\_\_

\_\_\_\_\_