



Soundpost Strings Academy



INTAKE FORM CLIENT AND STUDENT INFORMATION

Client(s) or Guardian(s) Name(s) printed _____ ,

Client(s) or Guardian(s) Primary Email: _____

Secondary Email: _____

Home Address: _____

Primary Cell Phone Contact: _____

Secondary Cell Phone Contact: _____

Emergency Contact Name and Number: _____,

Please list any medical condition you feel the studio should be aware of while
teaching the student:



Soundpost Strings Academy



I (printed client name) _____ have read the above ***Soundpost Strings Academy Lesson Policies and Business Procedures***. I understand the policies and business procedures of the teaching studio and agree to follow them. I understand that the student's name, a phone number, and an email will be listed for other *Soundpost Strings Academy* clients to use as a contact to trade lessons. I also understand that the student's photographs (no names listed) may be used on the *Soundpost Strings Academy* website and Facebook page to promote the academy.

Client Signature(s) _____ Date _____

I (printed student(s) name) _____ have read, or had explained to me by my parent, the above **Soundpost Strings Academy Lesson Policies and Business Procedures**. I understand what is expected of me as a student and participant in lessons, and/or group Choirs or Ensembles.

Student Signature(s) _____ Date _____