



# ADDITIONAL STUDENT INFORMATION FORM 2018–2019

## ADDITIONAL STUDENT

**Check Program:**     Early Childhood                       Private Instruction (Music Center)                       Private Instruction (BLS)  
                                  Classes & Ensembles                       Music Therapy     Community Programs

Name of Student     Check if Adult Student                      Instrument (If Applicable)

Birth Date: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

Student Ethnicity     White/Caucasian     Black and/or African American     Hispanic and/or Latinx  
                                  Asian     Other: \_\_\_\_\_

Student Preferred Language(s)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Special needs/Considerations/Allergies

Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender:     Male     Female     Non-Binary     Prefer not to say  
                                  Prefer to self-describe: \_\_\_\_\_

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