

Anne Marie Kenny's
Vocal Performance Studio
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NEW STUDENT APPLICATION FORM
The information on this sheet remains confidential.

Name _____ Birth Date _____

DATES: Inquiry _____ Consultation _____ Lesson Start _____ Referred by _____

Address _____

Home phone _____ Cell phone _____ Email _____

School and Current Grade (if applicable) _____

Parents or Emergency contact

Name _____ Relationship _____ Phone _____ Email _____

Name _____ Relationship _____ Phone _____ Email _____

PREVIOUS STUDY

Voice: # years _____ Teacher/Where _____

Piano: # years _____ Teacher/Where _____

Other instrument: # years _____ Teacher/Where _____

Foreign Languages and years of study _____

PERFORMANCE EXPERIENCE (Theater, concerts, choral, cabaret, jazz, etc.)

INTERESTS

Music styles _____

Frequency of lessons _____

Auditions, Competitions, etc _____

GOALS

MEDICAL CONDITIONS, MEDICATIONS, LEARNING CHALLENGES

OTHER

INSTRUCTOR ONLY

Voice type _____ Range _____

Breath control _____ Sightread _____ Pitch _____

Diction _____ Other _____