

2017-2018 CUSTOM ENSEMBLE Interest Form

Indian Hill Music School P.O Box 1484, Littleton, MA 01460
Tel. (978) 486-9524 Fax (978) 486-9844

Classes are non-refundable unless cancelled by Indian Hill Music.

Family Name: _____

- () New Student *HOW DID YOU HEAR ABOUT US?* _____
 () Continuing Indian Hill Student

Student Name _____ Date of Birth _____ Male/Female _____

School (if applicable): _____ Grade: _____

Home Phone # _____

Student Email (if Adult) _____ Cell# (if Adult) _____

Address _____ Town _____ State _____ Zip _____

Parent Name (if applicable) _____ Circle One: Mother /Father /Guardian Cell # _____

Work # _____ Email _____

Parent Name (if applicable) _____ Circle One: Mother /Father /Guardian Cell # _____

Work # _____ Email _____

Emergency Contact: _____

(Name)

(Relationship)

(Phone)

List student's allergies, special needs, physical limitations, or medical issues: [] None

Indian Hill is required to maintain records for reporting to state and federal funding agencies. Please check one:

- () Caucasian () African-American () Asian-American () Native-American () Hispanic () Other _____



I have reviewed the policies and procedures in print or on the web site and agree to abide by them.

Signature _____ **Date** _____

Indian Hill Music does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, citizenship, ancestry, age, mental or physical disability, veteran status, or any other category protected under applicable law in its admissions, education programs, activities, or employment policies.

Student Availability: (Please list ALL options. Circle your preferred days. Note that weekday evenings and Saturdays are best times for scheduling ensembles.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Could arrive by:	_____	_____	_____	_____	_____	_____
Must leave by:	_____	_____	_____	_____	_____	_____

You will not be charged tuition until you have been placed in a group.

For Office Use Only: AC _____ PM _____ Email _____
QB _____ TS _____

2017-2018 CUSTOM ENSEMBLE Student Questionnaire

1. STUDENT NAME: _____

2. INSTRUMENT: _____

3. LIST ANY OTHER INSTRUMENTS YOU PLAY _____

4. HOW LONG HAVE YOU PLAYED YOUR MAIN INSTRUMENT? _____

5. ANY PRIVATE LESSONS? Number of years: _____

Day/Time of your lesson (if currently taking lessons) _____

Teacher(s) Name(s): _____

6. PLAYING LEVEL: ___ Early Beginner ___ Late Beginner ___ Early Intermediate
 ___ Intermediate ___ Advanced Intermediate ___ Advanced

7. REPERTORY: List some repertory and etudes you are working on or have studied in the past that indicate your current playing level:

8. ENSEMBLE EXPERIENCE: List any large or small groups you have played in.

9. REPERTORY: If you've played in an ensemble before, list some of the pieces you played.

10. REPERTORY PREFERENCES: (*Response is optional*) List any preferences for particular pieces, composers, musical eras, etc.:

11. ENSEMBLE PREFERENCES: (*Response is optional*) List any preferences you have for an ensemble, instruments you would/would not like to work with, preferred coach, etc.: