

Student Application

To be completed by the Parent/Guardian.

Student Contact Information

1. Student _____
2. Student date of birth _____
3. Student school _____
4. Student grade-level (*please circle one*):
1 2 3 4 5 6 7 8 9 10 11 12
5. Student home _____

6. Student home phone _____
7. Student cell phone _____
8. Student email _____
9. Is this email address checked approximately once a day? Yes No
10. Emergency contact _____
11. Emergency contact phone _____

Parent/Guardian Contact Information

12. Parent/Guardian _____
13. Parent/Guardian home _____

14. Parent/Guardian email _____
15. Is email address checked approximately once a day day? Yes No
16. Parent/Guardian home phone _____
17. Parent/Guardian work phone _____
18. Parent/Guardian cell phone _____

Parent/Guardian Signature: _____

Date: _____

Student Application

Student Background Information

19. Why did you sign up your child for our program?

20. How did you hear about our program?

21. Does your child have any medical conditions or allergies that we should be aware of?

Yes

No

If yes, please explain:

22. How much experience does your child already have with music? *(please circle one)*

No Experience	A Little Experience	Average Experience	More Experience	In-depth Experience
1	2	3	4	5

23. Has your child had experience with any of the following types of music learning or training?

- Playing an Instrument Singing/Voice Reading Music
 No Previous Experience

24. How do you expect your child to change as a result of our program?

Parent/Guardian Signature: _____

Date: _____

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25. Annual family income _____
26. Number of family members in household _____
27. Is your child receiving free or reduced lunch at school? Yes No
28. Female head of household? Yes No
29. Children under 18 living in household? Yes No
30. Any household member with a disability? Yes No
31. Any household member 55 or older? Yes No
32. Any able adult in household unemployed? Yes No
33. Does household receive TANF? Yes No
(Temporary Assistance for Needy)

Parent/Guardian Signature: _____
Date: _____

Student Photo Release Form

To be completed by the Parent/Guardian and Student.

Permission from Parent or Legal Guardian for Photography Use of a Minor

I give permission for _____, birth date: _____, to be photographed by Music for Life Staff and news media photographers during music classes, during music jams and events, and during class graduation.

Music for Life cannot sell these photographs. Music for Life can display these photographs on our website, in media news releases, and in our printed materials, such as music books, newspaper articles, flyers, etc.

The last name of this student cannot be used for any materials and cannot be released to the media without additional permission granted. Only the first name and age of the student can be listed.

We agree to these terms:

_____ Skip Chaples, President Music for Life 7453 Long Pine Drive, Springfield VA 22151 (703) 644-1311	_____ Date
_____ Student Printed Name	_____ Student Home Phone Number
_____ Student Home Address	
_____ Student Signature	_____ Date
_____ Parent/Legal Guardian Signature	_____ Date

Student Questionnaire

To be completed by the Student.

1. Student name: _____
2. Why did you sign up for our program?

3. What do you expect from the class?

4. On average, do you feel that your grades have been getting better, staying the same, or getting worse?
 Getting better Staying the same Getting worse

For the next group of questions, please circle the number that matches your answer.

	Needs Significant Improvement	Below Average	Average	Above Average	Superior
5. Your behavior in school or other organized activities?	1	2	3	4	5
6. Your behavior at home, with family, or with friends?	1	2	3	4	5
7. How you do in school?	1	2	3	4	5
8. Your confidence?	1	2	3	4	5
9. How you get along with your peers?	1	2	3	4	5

Student Signature: _____

Date: _____

Parent/Guardian Questionnaire

To be completed by the Parent/Guardian.

1. Student name: _____
2. Parent/Guardian name: _____
3. On average, do you feel that your child's grades have been getting better, staying the same, or getting worse?
 Getting better Staying the same Getting worse

For the next group of questions, please circle the number that matches your answer.

What do you think of ...	Needs				
	Significant Improvement	Below Average	Average	Above Average	Superior
4. Your child's behavior in school or other organized activities?	1	2	3	4	5
5. Your child's behavior at home, with family, or with friends?	1	2	3	4	5
6. How your child does in school?	1	2	3	4	5
7. Your child's confidence?	1	2	3	4	5
8. How your child gets along with his/her peers?	1	2	3	4	5

Parent/Guardian Signature: _____

Date: _____