

NISSA'S Violin Studio
New Student Questionnaire (beginner)

Please fill out (front and back) and return to: 1336 S. 32nd St. Lincoln, NE 68510
When this form is received, you will be placed on the waiting list for private lessons.

Personal Profile

Contact Information

1. Student's Name _____
2. Address _____

3. Phone Number _____
4. Mobile Phone Number _____
5. Parents' Names _____
6. Email Address _____

Student's Personal Information

7. Date of Birth ____ / ____ / _____
8. Grade in School _____
9. Extra-curricular Activities _____

10. Other Hobbies/Interests _____

11. Where did you hear about Nissa's Violin Studio? _____
12. Any special conditions the teacher will need to be aware of: _____

Studio Information

Playing

1. What instrument do you want to play, and why?
2. Do you have any specific goals as a musician?
3. Have you ever seen or heard someone play the instrument before? Where?
4. Do you play any instruments or sing?
5. Do any of your family members make music? If so, who and what?

Group Lessons

5. Have you ever participated in group lessons before? Yes/No
6. If so, what did you do and how did you feel about them?
7. What kinds of activities or things would you like to do in group lessons?

Private Lessons

8. Why did you choose to take *private* lessons?
9. Is there anything specific you would like to do during private lesson time?
10. Is there a specific teacher you would like to work with?

Recitals

11. Have you ever played a solo in a recital before?
12. If so, how do you feel about recitals?

The Web Site (www.violin-studio.com)

13. Have you been on the web site yet?
14. Is there anything you would like to see or be able to do on the web site?

Practice

If you already play an instrument or sing, please fill out this section

1. How many days a week are you practicing?
2. How long are your practice sessions?
3. Where do you practice?
4. Does this area allow you to practice without disruptions?
5. Do your folks encourage you to practice?
6. Are you able to motivate yourself to practice at this point?
7. Do you keep written records of your practice time?
8. Do you enjoy practicing?
9. Are you able to tune your own instrument (if needed)?

Parents

1. Mom's profession:
2. Mom's musical experience:
3. Dad's profession:
4. Dad's musical experience: