

**Ashley Yvonne Wheat and
Vigthor Zophoniasson:
Music Studio**

A Private, In-Home Studio
in Overland Park

Intake Form

Welcome! Please take a few minutes to fill this out. Thank you for writing neatly.

Student Name _____ Date _____

Email _____

Home phone (____) _____ Cell phone (____) _____ Other: _____ (____) _____

Date of Birth _____ Will the student be driving him/herself to and from lessons? **Yes / No**

Parent/Guardian Information: *This section is for students under 18 years of age and/or not responsible for the cost of lessons.*

Does the student live with both parents? **Yes / No**; If no, currently living with _____

Parent/Guardian Name _____ Relationship to Student _____

Home phone (____) _____ Work (____) _____ Cell phone (____) _____

Address _____ City _____ St ____ Zip _____

Email Address _____

If billing party, may we email invoices when necessary as opposed to mailing via post? **Yes / No**

Parent/Guardian Name _____ Relationship to Student _____

Home phone (____) _____ Work (____) _____ Cell phone (____) _____

Address _____ City _____ St ____ Zip _____

Email Address _____

If billing party, may we email invoices when necessary as opposed to mailing via post? **Yes / No**

School Attending if any/Grade _____

Emergency Contact Name _____ **Cell Phone** (____) _____

Who referred you? _____ **May we send a thank you note?** ____ (Sent____)

Referral Address: _____

Please circle all that currently apply to you (if you have had nodules and/or vocal polyps in the past, please circle them as well):

| | | |
|----------------------------|--------------|---------------------------|
| Jaw Tension | Shyness | Chronic Sinus Infections |
| Grind Teeth while Sleeping | Anxiety | Chronic Hoarseness |
| Nodules | Nervousness | Allergies |
| Vocal Polyps | Other: _____ | Hearing Problems |
| Shoulder/Hand Injury | _____ | Nasal/Oral Surgery: _____ |
| Acid Reflux/GERD | _____ | _____ |

Any other health issues/learning disabilities of which the teacher should be aware _____

Please circle Yes or No to the following questions:

Have you ever taken lessons before? Yes / No How Long? _____

Do you play an instrument? Yes / No What? _____

Can you read music? Yes / No

Are you currently in a school or other choir? Yes / No

Do you speak a language other than English? Yes / No Which? _____

Do you have any other musical or stage training that you feel might be important for me to know?

What made you decide to pursue lessons?

What do you hope to achieve from your lessons?

What musical genres/styles do you prefer?

If a singer, what do you believe your voice type/range to be and what part do you sing in your choir(s)?