



**Student Information Form**

Student's Name: \_\_\_\_\_

Parent/ Guardian Name(s) (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Allergies to foods or pets?      Yes                  No  
If yes, please explain:  
\_\_\_\_\_

Would you be willing to participate in a recital / competition?      Yes                  No