



10503 Redosier Ct. Bethesda, MD 20814 Phone: (301) 530-7757 Fax: (301) 530-6203  
www.musicaexpressions.com

## Student Waiting List Form

Student Name (s) \_\_\_\_\_

Age(s) \_\_\_\_\_ Birthday(s) \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Billing Address (if different from Above)  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell \_\_\_\_\_

E-mail address \_\_\_\_\_ check e-mail daily? Yes No

### ***Lesson Times***

**Please list at as many time ranges that your lessons can begin and indicate your choices by 1<sup>st</sup>, 2<sup>nd</sup> 3<sup>rd</sup> and more.  
Example: 2 Monday 3:30 – 6 p.m. 1 Friday 4:00 - 5 p.m. 3 Saturday, 1:00 – 4 p.m.**

\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Lesson location (please circle): at our studio or at your home or either (Please note that violin teachers are not available for in-home lessons)

Length of Lesson : 30 minutes 45 minutes 1 hour

Instrument (s) \_\_\_\_\_ Have you taken a lesson before? Yes No . If yes, how long? \_\_\_\_\_

Are you requesting a specific teacher? Yes No. If yes, who? \_\_\_\_\_ If another teacher becomes available, would you like to try him/her? Yes No

Please note if you have any requests (type of teacher or style of teaching etc.) \_\_\_\_\_

How did you hear about Musical Expressions? \_\_\_\_\_

***I read the student policies and I understand their content fully.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail back this form to Musical Expressions, 10503 Redosier Ct. Bethesda, MD 20814 or Fax it to (301) 530-6203, Thank You.**