BMC Music School Lesson Inquiry Form

Date: ___________  Taken by: ___________

Student’s Name ___________________________________________ Date of Birth___________ or Adult___

Parent Name(s) (if student under 18) __________________________________________

PRIMARY CONTACT INFO:

Phone Home (     ) ______________ Cell Phone (     ) ______________

Email: ____________________________

Full mailing address ______________________________________________________
_____________________________________________________________________

LESSON REQUEST: Instrument/class________________________ Does student have an instrument?_______

Start: Fall semester_____ Spring semester_____ Summer_____ Now!_____ (mid term)

Level: Beginner ___ Int.___ Adv.___ Years of Study _________

If you have taken lessons: what is the last piece you remember working on or what book were you using?

Teacher request (optional): _____________________________ Is teacher’s gender important? _______

Possible days: Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri ___ Sat. ___

Possible times for lessons: (earliest? latest? A range is helpful) ______________________________

Any special considerations that will help us place you with the right teacher?

How Did You Hear About the BMC? ____________________________________________

Thank you for your interest in the BMC Music School’s programs. Your inquiry will be reviewed for the best possible match with our teachers and/or class levels. You will either hear back from the BMC office or directly from a faculty member.

Rev 8/6/12