



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.