

Student Information Sheet

Elizabeth A. Paine, Harp Teacher, 832.607.9128, thevirtualharp@gmail.com

Student's Name: _____

Student's Parent(s) Name(s) (if student is a minor): _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Student's E-mail Address: _____

Parent's E-mail Address: _____

What is your birthday? (month and day for adults is fine!) _____

Do you know how to read music? Yes No

Do you play other instruments? Yes No

If yes, what other instruments do you play? _____

What kind of harp(s) are you interested in learning to play? (Please circle all that apply.)

Lever Harp Pedal Harp Cross-strung harp

What kinds of music are you interested in playing? (Please circle all that apply.)

Celtic/Traditional Hymns/Religious Classical Pop/Standards Contemporary

What are your goals for learning to play the harp? (Please circle all that apply.)

Do you want to

Play for your own enjoyment Play for your church Play in a duo/ensemble/orchestra

Play for weddings, parties, etc. as a professional entertainer

Do you have any friends or family members who might also be interested in learning to play the harp?

Yes No

If yes, please feel free to give them my name and number!