

Student Application

To be completed by the Parent/Guardian.

Student Contact Information

1. Student _____
2. Student date of birth _____
3. Student school _____
4. Student grade-level: _____
5. Instrument Student Plays _____
6. Student Address _____

7. Student home phone _____
8. Student cell phone _____
9. Student email _____
10. Is this email address checked approximately once a day? Yes No
11. Emergency contact _____
12. Emergency contact phone _____

Parent/Guardian Contact Information

13. Parent/Guardian _____
14. Parent/Guardian Address _____

15. Parent/Guardian email _____
16. Is email address checked approximately once a day day? Yes No
17. Parent/Guardian _____
18. Parent/Guardian work _____
19. Parent/Guardian cell _____

Parent/Guardian Signature: _____

Date: _____

Student Application

Student Background Information

20. Why did you sign up your child for our program?

21. How did you hear about our program?

22. Does your child have any medical conditions or allergies that we should be aware of? Yes No

If yes, please explain:

23. How much experience does your child already have with music? *(please circle one)*

No Experience	A Little Experience	Average Experience	More Experience	In-depth Experience
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24. Has your child had experience with any of the following types of music learning or training?

Playing an Instrument	Singing/Voice	Reading Music
No Prior Experience		

25. How do you expect your child to change as a result of our program?

Parent/Guardian Signature: _____

Date: _____

Student Application

26. Annual family income _____

27. Number of family members in household _____

Answer the following questions

Yes

No

28. Is your child receiving free or reduced lunch at school?

29. Female head of household?

30. Children under 18 living in household?

31. Any household member with a disability?

32. Any household member 55 or older?

33. Any able adult in household unemployed?

34. Does household receive TANF?
(Temporary Assistance for Needy)

Parent/Guardian Signature: _____

Date: _____

Student Photo Release Form

To be completed by the Parent/Guardian and Student.

Permission from Parent or Legal Guardian for Photography Use of a Minor

I give permission for _____, birth date: _____, to be photographed by Music for Life Staff and news media photographers during music classes, during music jams and events, and during class graduation.

Music for Life cannot sell these photographs. Music for Life can display these photographs on our website, in media news releases, and in our printed materials, such as music books, newspaper articles, flyers, etc.

The last name of this student cannot be used for any materials and cannot be released to the media without additional permission granted. Only the first name and age of the student can be listed.

We agree to these terms:

Skip Chaples, President
Music for Life
7453 Long Pine Drive, Springfield VA 22151
(703) 283-8547

Date

Student Printed Name

Student Home Phone Number

Student Home Address

Student Signature

Date

Parent/Legal Guardian Signature

Date

Student Questionnaire

To be completed by the Student.

1. Student name:
2. Why did you sign up for our program?
3. What do you expect from the class?
4. On average, do you feel that your grades have been getting better, staying the same, or getting worse?
Getting better Staying the same Getting worse

For the next group of questions, please select the column that matches your answer.

	Needs Significant Improvement	Below Average	Average	Above Average	Superior
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What do you think of:

5. Your behavior in school or other organized activities?
6. Your behavior at home, with family, or with friends?
7. How you do in school?
8. Your confidence?
9. How you get along with your peers?

Student Signature: _____

Date: _____

Parent/Guardian Questionnaire

To be completed by the Parent/Guardian.

1. Student name: _____
2. Parent/Guardian name: _____
3. On average, do you feel that your child's grades have been getting better, staying the same, or getting worse?
Getting better Staying the same Getting worse

For the next group of questions, please select the column that matches your answer.

	Needs Significant Improvement	Below Average	Average	Above Average	Superior
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What do you think of ...

4. Your child's behavior in school or other organized activities?
5. Your child's behavior at home, with family, or with friends?
6. How your child does in school?
7. Your child's confidence?
8. How your child gets along with his/her peers?

Parent/Guardian Signature: _____

Date: _____

Music for Life
Video Communication Waiver of Liability and Release of Claims

Please select and fill in one of the options below:

I, _____, attest that I am the parent or legal guardian of
_____, a Music for Life student (the “Student”).

or

I, _____, am a Music for Life student and am over the age of
18 (the “Student”).

I understand that Music for Life will offer remote music instruction through the use of a third party video communication platform or platforms (“Platform”) of its choosing. By signing this form, I consent to the Student receiving remote music instruction via that Platform.

I understand that while Music for Life takes seriously the protection of personal privacy and information, it relies on the measures adopted by the Platform and cannot guarantee its safety or security. Accordingly, I agree to waive all liability as to, and to release all claims against, Music for Life (including its officers, directors, affiliates, employees and agents) with regard to the utilization of the Platform and the Student’s participation in the remote music instruction.

FOR CALIFORNIA RESIDENTS ONLY: I further shall and hereby do waive California Civil Code Section 1542, which says: “A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which, if known by him must have materially affected his settlement with the debtor.”

Printed Name: _____

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____