

Date _____

Student Information

Student Name _____ Age _____ DOB _____
School _____ Grade _____
Parent(s) Name(s) _____
Location in Dubai _____
Phone Number _____
Email _____
Allergy Information _____

Does the student like school? _____ Favorite subject(s) _____
Hobbies or interests _____
Extra-curricular activities _____
Musical background _____
Does anyone in the family play the piano, or any other musical instruments? _____

Please circle all the characteristics that describe your child:

Shy	Talkative	Sociable	Thoughtful	Argumentative	Bossy
Aggressive	Sensitive	Likes to Read	Likes to draw/ paint	Enjoys manual toys and activities	Leader

For Teacher Only:

Level _____ Notes _____
Suggested Repertoire/ books _____