

STUDENT INFORMATION SHEET

From Colour Outside the Lines Music Studio 2010

STUDENT INFORMATION:

<i>Name:</i>	<i>Age:</i>
<i>Birthday</i>	<i>Grade:</i>
<i>School:</i>	<i>RCM# (if applicable):</i>
<i>Home Address:</i>	

CONTACT INFORMATION: (Please fill out as many as necessary)

<i>Home Phone:</i>	<i>Student's Cell:</i>
<i>Mother's Work:</i>	<i>Mother's Cell:</i>
<i>Father's Work:</i>	<i>Father's Cell:</i>
<i>Mother's E-mail:</i>	<i>Father's E-mail</i>
<i>Student's E-mail:</i>	<i>Emergency Contact:</i>

MEDICAL INFORMATION:

<i>Allergies:</i>
<i>Any Learning Disabilities?</i>
<i>Allowed to eat Candy?</i>