

# Burch School Student Data Sheet

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- EMail \_\_\_\_\_  
Date of Birth Social Security Number

Address \_\_\_\_\_  
Street (Apt. #) City State Zip Code

Mailing Address (If different from above) \_\_\_\_\_

School Name/Grade \_\_\_\_\_/\_\_\_\_\_ Church \_\_\_\_\_  
(Optional)

Extracurricular Activities (Please use reverse side, if needed) \_\_\_\_\_  
\_\_\_\_\_

Scholastic Achievements (Please use reverse side, if needed) \_\_\_\_\_  
\_\_\_\_\_

Former Piano Teachers \_\_\_\_\_  
\_\_\_\_\_

Year Piano Study Began \_\_\_\_\_ Date of enrollment at the Burch School \_\_\_\_\_

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Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
HOME# Mom's daytime Mom's evening

Mom's cell Mom's pager/beeper Dad's daytime

Dad's evening Dad's cell Dad's pager/beeper

Other Contact numbers (children, grandparents, day care, etc. including names)

Parents' Occupations (Optional) \_\_\_\_\_  
Mom's Dad's

Siblings' Names/DOB \_\_\_\_\_  
\_\_\_\_\_

Please include on the reverse side of this form the names and addresses of additional family members who wish to be on the BSM mailing list.

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Brand name of home practice piano(s) and approximate age \_\_\_\_\_

Please circle: Digital Keyboard Spinet Console Studio Upright Grand \_\_\_\_\_  
Size

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Name and address of party responsible for tuition, if other than parent: