

## NEW STUDENT INQUIRY APPLICATION FORM

Brocks Upper Room Suzuki Music School  
Contact Susannah 816-217-7566 ([susannahdunteman@ihop.org](mailto:susannahdunteman@ihop.org)) or  
Jackie Kumer 816-217-7566 ([kumerkumer@yahoo.com](mailto:kumerkumer@yahoo.com))  
Send c/o Susannah Dunteman 7801 E.134<sup>th</sup> Terr. Grandview, MO 64030-3523

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthday: \_\_\_\_\_ School(8/08) \_\_\_\_\_ Grade: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Background:

Is the student a beginner? \_\_\_\_\_

If not, how many years playing experience? \_\_\_\_\_

Has the student had private lessons before? \_\_\_\_\_

Do the parents have any musical background? \_\_\_\_\_

How strong is the interest of the student in learning how to play an instrument?  
(10 - very strong, 1 - not very strong) \_\_\_\_\_

How strong a desire does the student have in worshipping on their instrument?  
(10-very strong, 1 – not very strong) \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

\_\_\_\_\_  
Other information that would be helpful to know: \_\_\_\_\_