



Winston Music Student Contact and Information Sheet

Student Name: _____

Lesson Time: _____

Home Phone: _____

Mother's Work Phone: _____

Father's Work Phone: _____

Email: _____

Person(s) responsible for picking up the child

Name / Relation

Name / Relation

Emergency Contact Information:

Name / Relation / Phone Number _____

Does the student have any allergies or medical conditions that might create an emergency situation during the lesson (severe allergic reactions, seizures etc.) ? _____

If so, please describe the condition, and the appropriate response. _____

Signed (legal guardian)
