

**DeKalb County School System  
Department of Instrumental Music**

**2008-2009 School Year**

**Student Information Form  
(Please Print NEATLY)**

School:		Grade:	Homeroom Teacher:	
Student Name:			ID #	
Home Address:				
Phone Numbers:		Home:		
		Cell:		
Instrument:				
Skill Level:	<input type="checkbox"/> Beginner	<input type="checkbox"/> 2 <sup>nd</sup> year	<input type="checkbox"/> 3 <sup>rd</sup> year	<input type="checkbox"/> Other
<b>Mother's Name:</b>				
Phone Numbers:		Home:		Work:
		Cell:		Fax:
E-mail address:				
<b>Father's Name:</b>				
Phone Numbers:		Home:		Work:
		Cell:		Fax:
E-mail address:				

**COMPLETE THIS SECTION WHEN YOU GET YOUR INSTRUMENT**

Do you rent your musical instrument?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, from whom do you rent?			
Do you own the instrument you play?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where did you purchase it?			
Instrument Make (Brand name):			
Serial Number:		Decal Number:	
Color of Case:		Size (strings only)	