

# Molly Holleran Voice Studio

## New Student Questionnaire

### Contact Information

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
Preferred Nickname: \_\_\_\_\_ Other Parent/Guardian Name: \_\_\_\_\_  
Student's Email Address: \_\_\_\_\_ Parent's Email Address: \_\_\_\_\_  
Student's Cell Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

### Student Information

Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Already reads music: Yes / No

Previous music training (lessons, instruments, choir, etc.): \_\_\_\_\_  
\_\_\_\_\_

Previous performing experience: (dance, theatre, solo/ensemble, all-state, etc.): \_\_\_\_\_  
\_\_\_\_\_

Physical activities/sports: \_\_\_\_\_

Current regular singing opportunities (school choir, church choir, community theatre, etc.): \_\_\_\_\_  
\_\_\_\_\_

Favorite musical styles: \_\_\_\_\_

Singing goals and reasons for taking voice lessons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Assessment

Range: \_\_\_\_\_ Skill level: Beg / Int / Adv \_\_\_\_\_

Notes on initial intonation, posture, breath, phonation, resonance, articulation, and other issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_