



YangYang Academy of Music

"Live on your own stage"

Piano Lesson Application Form

Name (First & Last) _____ Age _____ DOB: _____

Parent's Name (if applicable) _____

Has the student previously taken piano lessons? Yes No

If "yes", for how long? Year Month Day

Phone Number () _____ Email address _____

Address _____

City _____ Zip _____

How did you find out about us? (Please check)

- Through a friend/acquaintance. If so, whom _____
- Through an organization. If so, which one?
 - YangYang AOM website online
 - Flyers/Advertisements
- Other. Please specify: _____