

Student Information Sheet

Name: _____ Birth Date: _____

Cell Phone: _____

The email that you check on a regular basis: _____

Parent's email: _____

Do you work? Yes No If yes, days/hours: _____

How do you get to/from school? Bus Drive Parent Drop off/Pick up

What town do you live in? _____

Are you involved in any school sports? No Yes (please specify) _____

School clubs you are involved in: _____

Activities outside of school: _____

Instruments that you play WELL: _____

Days/evenings you are **not** available (cross out unavailable times):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
After school	After school	After school	After school	After school	Day	Day
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Name 3 of your favorite singers: 1. _____

2. _____

3. _____

Name 3 of your favorite Musicals: 1. _____

2. _____

3. _____

What musicals have you performed in?

Musical	Year	Role

Dancing Ability: None Beginner Intermediate Advanced

What are your expectations of Select Choir?

Any other comments, suggestions.....
